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ORIGINAL COMMUNICATIONS.

THE TREATMENT OF ACUTE CATARRHAL PNEUMONIA IN CHILDREN.

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IT is important that the sick-room should be light and properly ventilated. Juergensen says, "In my opinion patients who are exposed to the light make the best recovery;" and evidence of the prejudicial effect of dark rooms is abundant in the writings of all good observers. The light should not fall into the face of the patient, but the bed may be placed in such a position that, without annoying him, he can obtain its cheering and tonic influence. The temperature of the room should not be allowed to fall below 60° F. or to rise above 65° F. A thermometer should be hung in the room, and strict attention given to this matter. When it rises above this point the top of one or two windows can be lowered, and the temperature in this manner be reduced to the degree desired. I find it often serviceable to leave the top of a window permanently down; but the same purpose can be secured frequently by leaving open a door which does not communicate directly with the external air. No one will underestimate the importance of having his patient kept in an atmosphere of moisture. This is of special importance in the beginning of the disease. I usually secure the degree of atmospheric moisture desirable by having tin tubes made to fit the mouths of ordinary tea-kettles and of several feet in length, so that they will extend from the grate or stove well up into the room. These can be removed when there is a greater amount of moisture than is desirable, and the steam will escape up the chimney, or the kettle can be removed. Juergensen recommends making a steam-hut of the bed by putting bed-clothes around it, and having the mouths of tea-kettles heated by spirit-lamps so that they will pour out steam in such quantity as to fill the hut. I am accustomed to use the hut in a manner somewhat different, and do not keep the patient in it continually. I have the bed brought near enough the fire to allow the tin tubes, already described, to go between the folds of the covering. This supplies the steam much better and does away with the unpleasant odor of the spirit-lamp. I generally have the patient put in the hut every two or three hours, as occasion may seem to require, and allowed to remain in as dense a steam atmosphere as is compatible with tolerable comfort for from ten to thirty minutes. This exerts a very beneficial influence on the bronchitis, and in mild catarrhs Juergensen has seen it have an abortive effect.

The patient, to prevent hypostasis and collapse, should not be allowed to lie on his back long at a time. The bed-clothes should be suited to supply comfort to the patient. Often young children will not lie in bed, and the nurse will have to hold the child for a large part of the time in her arms. In instances of this kind it is important to caution them against permitting the feet to be exposed. Attention to this and other details is of the utmost importance, because failure to observe them is frequently followed by increased severity of all the symptoms, and often relapses

when convalescence was thought to be fairly established. The chest of the little patient should be encased in cotton batting, and this covered over with oil-silk or flannel. This affords a needed protection to the chest, and at the same time adds to the comfort of the patient. I have these put on in such a way that they can be opened easily to allow the application of turpentine liniment. This is a good counter-irritant and respiratory stimulant, and I am sure its use has contributed to the successful issue of many cases. Poultices are often harmful. Especially is this true when we have not a very attentive and careful nurse, or when they are not kept continually warm. Blisters are a source of great annoyance, and capable of rendering us, on this account, very little service in this disease in children.

Supportive measures are among the most important indications in the treatment of catarrhal pneumonia in children. Nutritious food taken with regularity and the maintenance of a normal condition of the alimentary canal are two of the most certain means of supporting our patient. So important is food, that where the patient does not take it voluntarily I resort to its administration *per enema*, and when the stomach is tolerant it may be given much as we do medicine—that is, it should be given regularly, and given whether it is taken voluntarily or not. Good results follow this method of feeding. Especially is this true in those cases where there is much depression and weakness. In very mild cases forced feeding is not necessary, nor would I greatly annoy the patient by enemas. I have found that Juergensen was largely correct when he said that the mouth and teeth, being filthy, as they often are in this disease, do much to destroy the appetite and produce a distaste for food. He, therefore, very properly recommends that they be watched and kept clean. Many weaned children will not take milk unless it is forced, yet they can often be induced to take some other fluid nourishment. Many of the infant foods, Carnrick's and others, will serve as well here. But all physicians find that particular cases require special study to determine their demands. Some take milk, beef-tea, or liquid peptonoids with relish, and others will take nothing willingly, and no definite rule or set of rules will apply indiscriminately to all cases. But I have come to look upon the administration of pepsin in one of its forms after each taking of food as important. The digestive powers are weakened, and the pepsin, assisting the process, not only causes greater assimilation, but often prevents intestinal catarrhs, caused by the presence of undigested food. The pepsin I usually give in doses of (lactopeptine) five grains to a child three to five years old after each time of taking food. Milk, the most important single article of food, should be given after having been treated with Fairchild's peptogenic powder. Especially is this to be done when the diet is strictly or only cow's milk. Juergensen very wisely advises us to see that a proper allowance of common salt is taken along with the food.

The use of alcoholic stimulants is indicated in nearly all cases. Their use is called for in such quantities and at such intervals as will give the weak pulse better volume and aid in lowering the number of respirations. It is my practice to begin with the use of stimulants from my first visit and have them continued. I am satisfied that by this means I have prevented many cases of respiratory and cardiac failure. The amount and frequency of administration will depend on the urgency of the cardia and respiratory symptoms. Juergensen in this connection well says: "To lay down a set of rules for the administration of stimulants would be a very thankless task. Let the principles of treatment be mastered, and then quiet observation at the bedside will give one the experience which inspires confidence. A timely attention to the therapeutics of cardiac symptoms generally makes the use of heavy artillery unnecessary, but if we are obliged to bring this into the field, it should be borne in mind that it is unnecessary to place any limit to the dose of stimulants; if the weaker stimulants fail we may use the stronger and increase the dose. In such cases the only limit is consistency; whoever is timid where this is at stake really belongs elsewhere than at the bedside."* I said that stimulants were indicated in nearly all cases. All practitioners meet some exceedingly light cases in which, it is true, we might get on without them, but I have thought these simple cases recover more quickly under stimulants than without them. One great point to be remembered is, that the stimulants are to be given often. Every two to four hours I do not consider often enough. A dose of alcohol will wear off in two or three hours, and by giving

* Juergensen in "Ziemssen's Cyclopædia," vol. v, p. 176.

it hourly, or oftener, we may keep up its good effect. I withdraw the stimulants when resolution is established, unless convalescence is tardy or there is considerable circulatory weakness.

The fever certainly increases the weakness of the heart and interferes with the proper oxygenation of the blood by the superficial respirations which accompanies each rise above the normal degree of the temperature. Juergensen recommends a bath of moderate temperature, followed by cold effusions, as a means of reducing the fever. There are few advocates of this means at present, and many physicians regard it as positively dangerous. My use of his method was never attended with fatal results, but I have never given it sufficient trial to test for myself its worth. I generally give children five years old from fifteen to thirty grains of quinine in the course of twenty-four hours. This is divided in doses of from one to three grains and given at intervals of one, two, three, or four hours, in the aromatic syrup of yerba santa. It reduces the temperature and exerts a tonic and curative influence on the disease. I fully believe with Professor Loomis that "the drug which has most power in reducing temperature and combating asthenia is the sulphate of quinine, which may be given in full doses during the fever, and as an aid to resolution it is most serviceable during the active period."* There are certain cases in which there will be an afternoon rise of one and a half degrees of temperature for several days or a week after all the active symptoms of the disease have disappeared, and when upon the most careful physical examination no pulmonary lesion can be made out sufficient to cause it. I have succeeded in stopping these afternoon elevations and establishing convalescence by giving, in one or two doses, ten or twelve grains of quinine. Both doses should be given two and one hours before the usual time of the exacerbation. Or, often it is just as convenient to give it in one dose an hour before the usual hour for the fever to reappear. There are some cases in which quinine fails to exert an antipyretic effect, and in these antifebrin in doses of two or three grains to a child five years old every four or six hours (without stopping the quinine) will frequently answer our purpose. While I am by no means in favor of using antipyretic drugs in all diseases attended with fever, I am without the least doubt but that they often serve us well, if used cautiously, in this disease. This is particularly true when, in spite of the quinine, the axillary temperature rises above 104 or 105° F. The antifebrin will cause it to fall to normal, the breathing, before so shallow, will become natural, the body will be bathed in perspiration, and the patient will fall into a gentle slumber. I have preferred antifebrin to antipyrin here, because I have never seen any bad effects from its use in producing cardiac weakness, and because its dose is much smaller. What Juergensen says of quinine, "that it reduces temperature without affecting the heart," is certainly, at least as far as my observations go, true of antifebrin. The very correct principle of endeavoring to further the natural processes, introduced by Hughes Bennett in the treatment of pneumonia, has decreased the mortality of the disease more than any system of treatment in use prior to its time. It consisted in the use of stimulants and drugs which kept the secretions as nearly normal as possible.† Dr. Robert Bentley Todd followed this treatment with brilliant success. Much good, I am sure, results from the regular employment of diaphoretic and diuretic preparations when the skin and kidneys are not active. It is generally a good idea to give a diaphoretic mixture from the beginning of the disease every two or three hours till free action from the skin is secured. This mixture often answers our purpose well:—

℞ Syr. ipecac.,
Syr. senegæ,
Syr tolutan., . . āā fʒs.
Ammon. carb., . . . grs. xxxij.
Aqua puræ, . q.s. ad ʒij.

M. Sig.: Teaspoonful every two or three hours, or as often as necessary, for a child four years old.

When the kidneys are not as active as they should be, some acetate of potassium can be added to this mixture. This is also an excellent cough mixture. I continue this mixture (modified often to meet some indication) as long as the cough is tight or annoying. When the cough is very irritable, paregoric may be added to the mixture; but this is not to be done if the mucus is abundant or tenacious, or there is tendency to a choking up of the tubes. When opium is thus contra-indicated,

* "Loomis' Pract. Med.," p. 108.

† It is not possible to give more than the conspicuous features of it here.

or we feel any hesitancy in giving it, I often act on Steiner's suggestion, and give belladonna in its stead. There are many cases in which the mucus will be quite tenacious and abundant, threatening to stop up portions of the tubes and produce pulmonary collapse. In these cases resort to an efficient emetic will often relieve the symptoms, as the act of vomiting will dislodge the mucus. It is a matter of importance to use some emetic which will exert no depressing effect on the system. Juergensen prefers apomorphine, while others like ipecac, zinc, etc. Ipecac has produced in my hands prolonged emesis often, and frequently its effect is more depressing than we would wish. Dr. Meigs' favorite emetic in croup:—

℞ Alumis, ... ʒiij.
Syrupi, ... ℥j.

M. Sig.: Half now and the remainder in fifteen minutes, if emesis is not produced. Is a good, reliable emetic, and suitable in these cases.

On the first appearance of symptoms indicating a collection of tenacious mucus in the tubes I order this emetic, and have it kept in readiness for use on future occasions. When the respiratory function is flagging despite the alcoholic stimulation and the carbonate of ammonia, which is an excellent stimulant to both the respiratory and circulatory organs, we may try strychnia. Its use has been seemingly attended with good results. Professor Pepper has found it useful in this direction.

The use of digitalis is in most cases altogether uncalled for, and if stimulants have been properly used I believe we shall have little use for it. Yet occasionally, in cases of long duration, the infusion of digitalis will be of real service—so in cases where there is extreme weakness from the start. The carbonate of ammonia is an excellent cardiac stimulant, and should be given regularly, not only for this effect, but also for its expectorant and diaphoretic powers. I combine it with my cough mixture. When it is indicated strongly, I give two grains to a child two or three years old every two or three hours. Often we can give the liquor ammonia acetate with more convenience in the prescription. Especially is this the case when we think it will supply both, the indications of cough medicine and diaphoretic, as in very mild cases. Diarrhœa and vomiting are often symptoms which demand the most serious attention. Both of these troublesome disorders can in most cases be prevented by giving pepsine after food has been taken, or the giving of peptonized milk or the peptonized infant foods. I have never been successful in controlling these disorders in children, in this disease, with small doses of calomel, as some authors claim to have done. On the other hand, it has frequently proved harmful. Especially has it proved harmful when the calomel was given in doses of sufficient size to produce the characteristic mercurial stools. In the incipiency of the diarrhœa nothing has proved more efficacious in my hands than castor-oil. When this alone fails to relieve the disorder, a dose of laudanum combined with it often acts as happily as we could wish. But still we may have to resort to the use of astringents. It is generally a bad idea to check these intestinal catarrhs until we see they are taxing the strength of the patient. Yet when a child has had four or five operations in a day, and the parents are anxious about it, we are justified in giving a dose of the aromatic syrup of rhubarb or castor-oil in hope of cutting it short, without waiting to see whether or not it will disappear of itself. I order the castor-oil in emulsion, in which I have incorporated some sugar and peppermint-water. This takes away the nauseous taste. The vomiting can often be controlled by the oxalate of cerium in repeated doses. Sometimes dry cups or a mustard-plaster over the epigastrium serve the purpose. Morphine hypodermically will give relief sometimes when other measures have failed.

When extreme irritability or sleeplessness tax the system bromide of potassium is often valuable, but in some cases only opium will answer. We may frequently induce sleep by a full dose of whisky. When opium is to be used the syrup of Dover's powder will answer our demand in the least objectionable manner. When it can be done without subjecting our patient to the danger of catching cold, sponging the body with tepid water every two or three days is beneficial. It produces diaphoresis and causes the patient to fall into a gentle sleep.

Convulsions, delirium, and symptoms referable to the cerebrum frequently call for treatment. Trousseau has found musk to be very valuable in those cases in which the cerebral symptoms are out of proportion to the other elements of the disease. When convulsions are threatened it is a safe thing frequently to give the bromide of potassium at regular inter-

vals as a preventive against their appearance. When they are caused by high temperature, antipyrin or antifebrin is valuable. I can fully indorse what Trousseau claims for musk.

Laryngitis frequently complicates this disorder, and when it does the treatment of Juergensen, of subjecting them to a warm bath, will generally produce the most happy results.

Convalescence must be watched with the utmost care. Tonics, careful attention to clothing, diet, etc., must have the attention their importance demands.

FAITH CURES?

By JOHN A. HEATLY, M.D.,
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IF we admit that superstition is but an evidence of ignorance, have we not already tried and convicted the multitude of people who are believers in the claimed, hidden, and mysterious power of the so-called faith cure?

Under this class I would include all who claim to effect a cure in any way without the use of mechanical or medicinal agents. Here are the mind curers, the seventh sons, those who cure by using their voice to talk away disease or by the laying on of hands, and the Christian Scientists.

Usually they are a class unwilling to earn their living by honest toil; who are cut off from their former circle of friends because of their actions; who, recognizing the weakness of the human mind and the willingness with which people allow themselves to be duped, gladly take up this as a way of making an easy living.

The requirements to become a brilliant light in the ranks of the faith curers are few—an oily tongue, long hair, an odd appearance.

The Christian Scientists are the most worthy of respect, as regards their claims to merit and of recognition, as they have established schools for pupils in several of the larger cities, and in one of the leading papers I saw a short time ago the necessary requirements for graduation, "twelve lectures and five hundred dollars," the latter the more necessary of the two.

The first term consists of six lectures and costs two hundred dollars; then, after a vacation of some time, in order that the exhausted mind may have a chance to recuperate and digest the knowledge acquired, comes the six final lectures, lectures and graduation costing, in all, three hundred dollars.

Surely, this tedious and lengthy studentship is a serious strain on the nervous, and a powerful drain on the financial, resources. Look with me upon one of the nightly scenes presented at a meeting conducted by the faith curers. The majority are of the more ignorant class; a few are there out of curiosity; scattered about among the audience we recognize those usually spoken of as being "a little off." The greater part are members of the weaker sex. Follow the smooth, oily-talking leader, as by a line of false argument he boldly lays claim to the power of healing, and shows how this has descended to him. Soon some one, who has pestered all the regular physicians in her neighborhood for relief from some imaginary ache or pain, rises and thanks God that she is permitted to stand there a living witness to its mysterious powers of curing.

The people are excited and in a state nothing less than maniacal. Some one who is actually diseased throws aside his crutches and, heedless of his old aches and pains, gets up and walks, declaring he is a well man. Thus the fraud receives another powerful indorsement, and so it goes on; but when the excitement has passed off the poor, deluded convert only pays double for the extra strain that he has imposed upon the diseased member. Because an individual claims to be suffering from some disease, or from a loss of power in some limb, we are not compelled to believe him; he must show his proof. He may say he is unable to use his limbs, and if he refuses to try, what proof have you that he can? On the contrary, what proof has he shown you that he cannot? He must make the attempt, for here the burden of proof rests with him. I know of instances in my own neighborhood of cases that have claimed to be unable to use their limbs and have lain in bed for years; finally, when coming into the hands of faith curers, these same cases have walked and appeared to be all right, but after being away from the faith curers for some time they relapsed into their old mood and took to bed, and it was necessary to get the faith curers again. Physicians had said they could see nothing wrong with these cases except the waste of muscle due to not being used. I know of similar cases where, having been put in such a position that they must either help themselves or suffer, in a short time they were moving freely about.

I consider that there is a close analogy be-

tween these cases and a balky horse, and that in both the trouble is "pure cussedness."

Faith curing savors too much of the dark ages; its time was in the early centuries; it should have followed close after our Saviour, whom we recognize as one of the few permitted by the Father to possess this power. It carries us back to the time when witchcraft and astrology were at their height. Now, we seek not to be mysterious, but to be plain.

Mystery and quackery go hand in hand. Chaucer, in his "Canterbury Tales," tells us of the monk who dealt in faith cures and in articles so powerful as to keep off all diseases. If it can be positively proven that faith cures have an established basis and are not a myth, then the study of pathology and morbid anatomy is a waste of time, and conclusions which are the result of years of experiments by the most active and brilliant minds of two continents, results obtained by years of careful research in the dissecting-room and close observation at the bedside, vanish into empty air so far as regards their actual usefulness, and the scientific researches which have been made by experimenters on the lower animals and on man, as to the actions and usage of drugs, are of interest only as they show what has been done, and are of no practical value; so with the divisions and course of disease; and the practice of medicine, instead of being a science and an art, has only been a delusion and a snare. Surgery loses its important position as a helper to nature, and for the last five thousand years the people have been successfully duped by the medical profession. The enormous amount of money expended in building medical colleges, in printing medical books, in finding out medicines, and in perfecting instruments has only been wasted and might have been put to better use.

If, on the other hand, faith cures have no claim to merit, the practice of medicine stands out in greater brilliancy and importance, and gains a position from which it will be hard to be shaken.

Is it possible that such minds as have been enlisted in the ranks of the medical profession have been groping over a bottomless well? No, I think not. Faith cures are but a device of a class of unprincipled men to get an easy living. The history of medicine, which can be traced back to nearly three thousand years before Christ, shows that the earliest records of the practice of medicine are free from the taint of superstitious doctrines and the use of charms, which crept in at a later date.

When we compare the two, faith cures on one side, the experienced and learned physician on the other; the class of people as a whole engaged in practice on either side; the claims of merit, backed by well authenticated proof, against mere assertion on the other; the length of time required to be spent in study before being admitted to practice on the one side, and the farce of a course of lectures on the other; the length of time the one has stood, the youthfulness of the other,—is it any wonder that the educated man chooses to put himself under the care of the former?

Surely, we, as a profession, should demand that people of this class, although we consider them beneath our notice, should be prohibited from practicing this trickery on the people.

The laws of our government provide for a tariff to protect our manufacturers and to enable them to compete with the pauper labor of other countries. The law of this State steps in to prevent prison work from competing with free skilled labor. The laws are very strict as regards the length of time required before one is allowed to practice as a pharmacist or a physician, and if, by the laws of our State, we are compelled to spend at least two years in college before we are permitted to engage in practice, why should another class be allowed to compete with us? Let the laws step in and do away with this fraud, for it is time that the scales were stricken from the eyes of the people, for this more than ever reminds us of the fact that "Justice is Blind."

PHILOSOPHY IN CATHARSIS.

By I. N. BRAINERD, M.D.,
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INTELLIGENT purging is something more than simply administering cathartics. In support of this proposition I offer this paper.

H. C. Wood's treatment of this subject in his "Materia Medica and Therapeutics" is the best that I have ever seen; and I am indebted to him for many of the ideas that I shall advance in this paper. Cathartics act, for the most part, in one or the other of two ways, or in both ways at the same time. These are, first, by increasing peristalsis, and, second, by increasing intestinal secretion. A third possible

way, and one which I am inclined to think is not imaginary, is exosmosis. In the relaxed condition of the capillary blood-vessels during the progress of catharsis the serum may transude into the gut in the same way, though from a different cause, as in ascitic accumulations in the peritoneum. If not, why not? Another factor which controls the rate of osmosis, namely, motion in the fluid on the other side of the membrane, is operative here. During the agitation going on in the gut the serum of the blood would tend to be drawn into the gut. For these reasons I am inclined to believe that the vast watery discharges sometimes seen are not all a secretion.

The indications for the use of cathartics are, according to Wood, six:—

1. To unload the bowel. This may be necessitated by constipation.

2. To deplete. This is sometimes necessary in dysentery, enteritis, and congestion of the portal system. The salines should be used for this purpose because they are not irritating.

3. To promote absorption. Watery catharsis relieves internal vascular tension and thus facilitates the absorption of serous effusions, as in ascitis, pleurisy with effusion, etc. It also favors the absorption of medicines; and it is for this reason that it is often best to purge before exhibiting other remedies.

4. To revulse. In cerebral hyperæmia, for example, much good can be done by administering an irritant cathartic like scammony or gamboge. A large amount of blood can be diverted to the twenty-five or thirty feet of gut, and thus relieve the brain.

5. To eliminate. If the kidneys fail to eliminate the renal secretions they may be passed off by the bowel. Ingested poisons may be partially eliminated by a rapid purging.

6. To influence the pelvic circulation, as in hæmorrhoids, amenorrhœa, and menorrhagia.

Following Wood, I divide cathartics into mechanical cathartics, laxatives, purges, hydrogogues, and drastics.

Mechanical purges are enemata. When it is desired to unload the lower bowel simply, an enema of a pint or two of water, cold or warm, plain or medicated with salt, molasses, soap, or oil, may be used. These are indicated in impacted fæces in the colon and often to aid the action of other cathartics. They are frequently indicated on the fourth day of the puerperal state, and often in wasting fevers.

Laxatives are "medicines which simply unload the bowels, and are not able to cause active purgation, even when given in large doses." Examples: Manna, milk, carbonate of magnesia, rhamnus frangula (one of the buckthorns of Europe), and cascara sagrada (rhamnus Purshiana, a California buckthorn). Cascara is one of the few new remedies that has come to stay. Parke, Davis & Co. have given us an elegant preparation of cascara in their cascara cordial, and Farrand, Williams & Co. one of frangula in their syrup of frangulaxine. These remedies are indicated when only a laxative effect is desired, and frequently in pregnant women and in children, the milk of magnesia being preferable here. Coarse foods, like cracked wheat, hominy, corn-meal, oat-meal, brown sugar, and apples, are useful laxatives; and in cases of chronic constipation the patient should be encouraged to eat such food, especially oat-meal, and this sweetened with brown sugar.

Purges are "medicines which purge actively, but are not capable of acting as poisons, even in very large doses." Examples: Oleum ricini, hydrargyrum, rheum, and aloe. Of this list the castor oil, mercury, and rhubarb are the best for children and the mercury and aloes for adults. The nauseous taste of castor-oil can be concealed by exhibiting it in an equal volume of glycerin. Whenever a purge becomes necessary during or after enteritis or dysentery castor-oil is the remedy to give. Castor-oil is not a cholagogue.

The most used and only reliable preparation of mercury is calomel; but, contrary to the old opinion, it is not a cholagogue unless a little bichloride be added to it. It undergoes decomposition in the primæ viæ, the mercury uniting with sulphur found in the intestine, and making mercuric sulphide, which is black. This blackens the stools, and furnishes a man disposed to quack a fine chance to impose upon his patient. He can tell the patient that he is very bilious and full of tarry, bilious fæces, and assure him that the discharge will be nearly black. Sure enough, it is so, and the doctor is a god. No, he is a knave, to thus impose upon his patient.

Calomel is indicated in clay-colored stools, not for the purpose of coloring them—that could be better done by whortleberry sauce—but to relieve a probable catarrhal obstruction of the bile-ducts or to work some other alter-

ative change in the liver. It is also indicated in that train of symptoms called "biliousness," and for the same reason as above. It is often available when a vigorous and quick purging is needed.

The old notion that no salty food should be taken with calomel is laid away in the garret of exploded errors.

Rhubarb is an astringent cathartic, and renders its best service when it is desired to purge away some offending material in the intestine. It first purges and then astringes. It is, hence, often useful in the treatment of irritative diarrhœas of children and diarrhœas of relaxation. Combined with an alkali it is especially valuable in the treatment of summer complaint. It is objectionable in chronic constipation. It is a powerful cholagogue.

Aloes exerts a selective action upon the colon and rectum, and hence is one of our best remedies in constipation resulting from atony of the large gut. Because it exerts its greatest action so near the uterus it is a dangerous purge in pregnancy, and is just the remedy to give when purging is needed during amenorrhœa. It is a powerful cholagogue.

Hydrogogues "produce very large, watery stools without much irritation." Magnesii sulphas (Epsom salt), sodii sulphas (Glauber's salt), potassii et sodii tartras (Rochelle salt), and sodii phosphas are examples.

Sulphate of magnesium is the most used of all the saline cathartics. It produces large, watery stools without irritation. Of all cathartics it is the best to deplete the portal circulation, and is useful whenever purging is necessary in enteritis or colitis. It has few equals in intestinal impaction. It exerts no influence upon the hepatic secretion. Of the hydrogogues, Epsom salt is the most efficient, Glauber's is the most harsh, and Rochelle is the least efficient, but is much less offensive to the palate. The phosphate of soda is incomparably the best in jaundice from catarrh of the bile-ducts.

Drastics "cause great irritation of the alimentary mucous membrane, and in overdoses are violent poisons." Examples: Podophyllum, elaterium, and oleum tiglii. Others, as jalap and colocynth, are not much used except in the improved compound cathartic pills.

Podophyllum is a very slow-acting drastic, often requiring twenty hours to purge—too slow to combine advantageously with most other cathartics. It is liable to gripe, and for this reason should be combined with belladonna. It may be substituted for calomel in "biliousness" without detriment to the patient. It is a powerful cholagogue.

Elaterium, provided you have a good specimen, is by far the most efficient of the hydrogogue cathartics, producing very large, watery evacuations with but little pain and irritation, and is indicated whenever such a cathartic is needed. It has no equal in the treatment of ascites and anasarca. Magnesium sulphate is to be preferred, though, when depletion only is wanted, except, perhaps, when there is a sudden determination of blood to the head. Because of the unreliability of elaterium, the alkaloid, elaterine, is to be preferred.

Elaterium would be classed as a hydrogogue cathartic if it were not that it is capable of causing death.

Croton oil is a rapidly acting and violent drastic cathartic. It should be used only in obstinate cases, and in delirious patients who cannot be made to take large doses of medicine. A drop on the tongue is sufficient to purge. It is frequently used to give efficiency to ready-made pills.

The practitioner who will consider this paper will see that there is "philosophy in catharsis," and if he will regard that philosophy he will do his patients the greatest good.

FOOD AND ITS DIGESTION.

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SALINA, KAN.

(Continued from January number.)

THIS is a process well understood, and the teachings of the schools, text-books, and periodicals regarding food and its digestion are so full and sufficient that it is out of the question to say anything new about it. Physiology and physiological therapeutics have made wonderful strides, and as branches of science they are not only thoroughly abreast with the onward march of investigation, but have really kept ahead of it, as is fully set forth by the experiments and conclusions superinduced on the primary theories from which accepted facts have been deduced, as we find them scattered through the miscellaneous medical literature of both hemispheres; so that almost the only excuse any one can have for going to the subject at all now is that there is a certain need or use for repetition, which is well recognized,

especially if the subject-matter can be set in any new light. John Wesley is reported to have said, "Mistress Wesley, why do you tell that child the same thing over and over again?" She answered, "John Wesley, because once telling is not enough."

Should any doubt the need of this repetition relative to food and its digestion at the present time, when there are a great many artificial digestive agents in extensive use, to them I would simply suggest that they carefully examine the prescription files of the drug-stores in their immediate vicinity, and thus become convinced of the indisputable fact that great carelessness or ignorance, or both, are thus revealed by the major portion of the prescribing physicians in using these agents, and that, therefore, it seems not only desirable, but a compulsory duty of every physician that the general acquaintance with the digestive act should be enlarged. To this end frequent repetition is absolutely necessary.

The process of digestion seems to divide itself naturally into the following general stages—(1) salivary, (2) gastric, and (3) intestinal.

1. SALIVARY.—The food is first masticated, and during this process is well mixed with saliva. This fluid is alkaline and is poured into the mouth from the parotid, submaxillary, and sublingual glands. These glands are excited into action by pressure or the action of the lower jaw, by stimulating substances applied to their ducts, and by the action of the mind. All these causes operate when we are eating, and the fluid thus flows in greatest abundance when most needed.

The chief characteristic action of saliva is the conversion of starch into sugar. Starch is a purely hydro-carbonaceous substance, found in numerous vegetable products, markedly in the seeds of the cerealia. It has the formula, $C_6H_{10}O_5$. which differs slightly from that of sugar ($C_6H_{10}O_6$). The difference consists in a molecule of water, which, however, makes a very important difference, viz.: starch is insoluble, sugar is soluble.

Saliva contains a ferment—"diastase." Insoluble starch is converted into soluble sugar (or a soluble matter—"dextrine") in the digestive act by, first, "hydration," *i. e.*, by the addition of water, and, second, by the action of ptyaline, or "diastase," the active principle or ferment in saliva.

This diastase is active in an alkaline medium only; consequently, when the stomach becomes acid it is killed. Salivary diastase is operative—first, in the mouth; second, in the œsophagus, or gullet; and, third, in the stomach until it becomes acid.

This process constitutes the first stage of digestion. Without such change starch could not pass through the walls of the alimentary canal and reach the blood. By this means it passes into the portal vein and is conveyed to the liver. But if it remained sugar it could no more be stored securely in the liver than in the seed; so it is there changed back into starch—probably by losing simply one molecule of water, in which it only differs as above seen—insoluble starch, known now as "glycogen," or "animal starch." This glycogen, or animal starch, is given off from the liver as sugar, furnishing the fuel on which the body lives—hence, "fuel food." As the seed digests its stored starch as it requires, so the animal system takes from its store of starch in the liver according to its needs.

This is, then, we repeat, the broad outline of the digestion of starch—the first stage of the digestive act, viz.: it has first to be made soluble to pass into the blood; then has to be turned back into an insoluble form for storage; finally, it is once more made soluble for its entrance into the general circulation.

2. GASTRIC.—Gastric digestion exercises no effect upon either starch or fat; it only digests nitrogenized food, spoken of generically as "albuminoids," or "tissue foods."

The normal and characteristic secretion of the stomach is the gastric juice, which is chiefly produced by the glandular *culs-de-sac* of the cardiac end. It is decidedly acid and contains almost 4 per cent. of solid matter, two-thirds of which consists of organic substances—albuminoids. This organic, albuminoid matter contained in the gastric juice, upon which its characteristic action chiefly depends, is a ferment called "pepsin," or "gasterase." The name "pepsin" is a hypothetical term for the digestive principle (albuminoids) of the gastric juice, which, as a definite body, is unknown, the various preparations, officinal and unofficinal, being mere approximations, and vary much from each other. They are usually obtained from a solution prepared by digesting the mucous membrane scraped from the rennet-bags of sheep or the stomach of the pig in acidulated water for several days. The so-

called "pepsin" is then precipitated by chloride of sodium (Scheffer), acetate of lead (Boudault), or by drying the peptones on glass plates (Beale). It is very important to remember especially the fact that it may also be precipitated by alcohol. Ingluvin, unofficinal, but much used, is a preparation obtained from the gizzard of the domestic fowl, which owes its activity to no ferment corresponding to pepsin, but to a peculiar, bitter principle.

Pepsin is not a solvent, but a ferment, and is a normal constituent of the gastric juice, converting albuminoids (casein, albumen, fibrin, etc.) into peptones for assimilation, with the aid of the lactic and hydrochloric acids associated with it. Thus, we have the fact that the so called "pepsin" is only active in an acid medium, while, on the other hand, ptyaline and pancreatin are destroyed by acids and require an alkaline medium in which to exercise their powers, and *vice versa*. As the food passes out of the stomach in two to three hours, pepsin should be administered within and pancreatin after that period. To be more decidedly effectual, the former should be associated with an acid and the latter with an alkaline vehicle.

3. INTESTINAL.—If the reader will refer to a diagram he will see that just below the intestinal outlet of the pyloric end of the stomach the common duct of the bile and the duct of the pancreatic secretion enter the bowel. When the contents of the stomach have been reduced by gastric digestion to a pulp, known as "chyme," they pass through the ring—the pyloric ring—of the stomach into the upper bowel, known as the duodenum. Here the chyme becomes mixed with the bile and the pancreatic juice. The acid of the stomach is neutralized by the bile, so that the contents of the duodenum become alkaline. The reader will kindly notice that the bile-duct enters the bowel first from the stomach, thus allowing the bile to become mixed with the chyme first, thereby acting upon the fat and neutralizing the acid from the stomach, and thus securing its alkalinity prior to the admixture of the secretions of the pancreas.

Nor is this the only valuable function of the bile. Fat has hitherto remained untouched by the digestive act, but now, as it enters the duodenum in the chyme, it is emulsionized by the action of the bile. Fat undergoes no change in the digestive process beyond being converted into a fine emulsion. The walls of the fat-cells, being albuminous, are destroyed by the gastric digestion, and thus the oil within the cells is freed prior to its coming in contact with the bile for emulsification, which enables it to be taken up by the lacteals of the intestine. The pancreatic juice—also called the abdominal saliva, as the structure of the pancreas resembles that of the salivary glands—coagulates readily, being rich in albumen. It is alkaline, like all salivas, and when brought in contact with the product of the stomach, chyme, impregnated with the gastric juice, it, with the bile, neutralizes the acidity and begins to act in its turn. It is a complex fluid, containing (1) diastase and (2) trypsin.

(1) Pancreatic diastase at once converts or digests the starch unchanged by the salivary diastase (ptyaline). Having passed through the acid stomach unaffected, it is now hydrated by the pancreatic secretion in an alkaline medium into soluble dextrin and sugar. Cane-sugar is only converted in the intestine.

(2) Trypsin is an energetic, digestive ferment, acting upon albuminoids only in an alkaline medium, while pepsin acts upon the albuminoids only in an acid medium.

Consequently, we see that in the duodenum the digestive act is seen in its greatest and completest perfection, known as "chylification."

Pancreatic preparations are active digestives of proteids and amyloid foods, converting proteids into peptones and emulsifying fats in the presence of an alkaline solution. Trypsin, unlike pepsin, dissolves mucin, and, like pepsin, it is inert toward nuclein, horny tissue, and amyloid matter.

Probably the best-known artificial pancreatic preparation is the Liquor Pancreaticus, or pancreatic solution (unofficinal), prepared by digesting a finely chopped pig's pancreas with four times its weight of dilute alcohol. This is a nearly clear alcoholic solution, with little taste or smell (dose, ℥i–℥ss). Liquor Pancreaticus, like all pancreatic preparations, is used to partially digest (peptonize) milk, gruel, soups, and other foods before their administration in cases of great digestive debility. These peptonized foods may be administered *per orem vel rectum*, and are valuable in intestinal dyspepsia, wasting diseases, and convalescence from acute affections.

Albuminoids are digested by being rendered soluble by a process of hydration, so as to pass from the *primæ viæ* through the walls into the blood.

Albuminoids are called proteids until digested, while digested, soluble albuminoids are called peptones. The peptones are taken up by the radicles of the portal vein and conveyed through the liver in the blood and there changed back to proteids. In the liver the albuminoid parts of our food (proteids) are further elaborated to fit them for the nutrition of the tissues.

In the liver, waste and surplus albuminoids, or proteid matters, are converted into (1) bile-acids, uniting with soda, *i. e.*, the bile which emulsionizes fat; and (2) urea and uric acid, the forms in which the nitrogenized waste is excreted by the kidneys. This destructive change is a process of oxidation.

By referring to the diagram the reader will see that the sugar and albuminoids are taken up by the portal vein and carried to the liver, but the fat is taken up by the lacteals (*secundæ viæ*) and passes to the *receptaculum chyli*, from whence it is carried into the blood by the thoracic duct, which opens into the venous system at the left subclavian vein, near the outer border of the left internal jugular vein's junction.

The indigestible and waste matters pass down the intestines to be cast out as the fæces.

The following interesting table and notes are taken from Roberts:—

TABLE OF THE DIGESTIVE JUICES AND THEIR FERMENTS.

Digestive Juices.	Ferments Contained in Them.	Action on Food Materials.
Saliva.	Salivary Diastase, or Ptyaline.	Changes starch into sugar and dextrin.
Gastric Juice.	*a*, Pepsin.	Changes proteids into peptones in acid medium.
	b, Curdling Ferment.	Curdles casein in milk.
Pancreatic Juice.	*a*, Trypsin.	Changes proteids into peptones in alkaline and neutral media.
	b, Curdling Ferment.	Curdles the casein in milk.
	c, Pancreatic Diastase.	Changes starch into sugar and dextrin.
	d, Emulsive Ferment.	Emulsifies and partially saponifies fat.
Bile.		Assists in emulsifying fats.
Intestinal Juice.	*a*, Invertin.	Changes cane-sugar into invert-sugar.
	b, Curdling Ferment.	Curdles the casein of milk.

"An examination of the table shows that a long and complicated series of ferment actions is required to accomplish the digestion of our food. Starch is attacked at two points—in the mouth and in the duodenum—by two ferments, salivary and pancreatic diastase, which are substantially identical. Albuminoids are also attacked at two points—in the stomach and in the small intestine, but here the two ferments, pepsin and trypsin, are certainly not identical. The ferment, of which the only known characteristic is to curdle milk, is found in the stomach and in the pancreas, and, I think, also in the small intestine. The bile is not known to possess any true ferment action, but it assists, by its alkalescent reaction and by its physical properties, in emulsifying and promoting the absorption of fatty matters. The ferment which transforms cane sugar, strange to say, is not encountered until the food reaches the small intestine."

Such, then, is an outline of the digestive act. Having mastered it, the reader will readily comprehend the *rationale* and utility of the various artificial digestive agents and will recognize what is aimed at in resort to them; and, further, what precautions are to be taken, what cautions to be observed, what errors to be avoided.

CONVULSIVE AND NERVOUS WOMEN.

By H. J. W. BARKER, M.D.,
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THE elimination of all complicating morbid conditions is especially necessary in the prevention and treatment of convulsive nervous diseases of non-pregnant women in a large proportion of cases. This constitutes the greater part of the treatment, and applies particularly to neuralgia, to hysteria, and, in a lesser degree, to the epilepsy of the climacteric period. The particular form of dysmenorrhœa which is most commonly the attendant and forerunner of nervous disorders is that which depends upon destruction or partial retention of the menstrual fluid. I may state that the following sequence of facts is established by an overwhelming mass of clinical observation: First, beginning with menstrual function, there is the pain, which is one of the features of dysmenorrhœa; second, there is gradual wear and tear of the nervous system, attended by dyscrasia of the blood; third, increased susceptibility to physical and mental impressions; fourth, where marriage

ensues, it is generally unfruitful, proving again by another test that there exists an impediment to the due performance of the sexual functions; fifth, where the obstruction is removed, as in most cases it can be, we find the preceding conditions gradually disappear. If, on the other hand, the dysmenorrhœa be cured early, that is, before hysteria, neuralgia, or epilepsy have shown themselves, these disorders will in all probability not appear at all. In single women dysmenorrhœa is the most frequent attendant or exciting cause of hysteria; of epilepsy, in a certain proportion of cases. However, no abnormality of structure or function of the ovaries or uterus is apparent; the exciting cause may spring up elsewhere, but in all there is a special proclivity developed by the normal ovario-uterine stimulus in married women and in those who have borne children. Not only may dysmenorrhœa arise, but metritis, congestion, displacement, and other affections are more frequent. They seldom fail to induce that general debility and nervous prostration which predispose to nervous disorders. It is generally a hopeless task to cure these nervous disorders unless we begin by relieving the local disorders upon which they so often depend. The rational treatment of convulsive diseases in woman must take into account the two great factors in their production, namely, exalted nervous irritability under the stimulus of the reproductive function, and lowered or dyscrasic conditions of the blood.

PRACTICAL HINTS ON THE USE OF OXYGEN.

By SAMUEL S. WALLIAN, A.M., M.D.,
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THE utilization of oxygen gas in therapeutics is getting to be not at all uncommon, and, of late, various new, or at least little known, methods of applying it have been brought forward.

In Spain Dr. Valenzuela used it in the form of baths, submerging his patients in a confined volume of oxygen under greater or less tension, or compression. He reports excellent results. Demarquay, in Paris, many years since, used local baths of oxygen in severe surgical cases, such as hospital gangrene, gangrena senilis, white swelling, and the like, with great satisfaction. Apparently hopeless cases of these maladies promptly recovered under persistent local applications of the gas. Dr. Kellogg, of Battle Creek, Mich. (Ther. Gaz., Sept. 15, 1887, and Jour. of the Am. Med. Association, 1887), reports very interesting trials of oxygen in the form of enematæ. Dr. Humphrey, of Whitewater, Wis., has gone farther, by invoking the aid of oxygen enemata in connection with the administration of cod-liver oil and other carbo-hydrates in phthisis and other wasting diseases (N. Y. Med. Record, 1888). His published results are decidedly encouraging, and it is to be hoped his experiments will be extensively repeated in our large hospitals and public institutions, where patients of all classes and in all stages of disease are met with, thereby supplying the necessary material and conditions from which to deduce comprehensive and reliable comparisons and results.

It is an interesting study, which is as yet without a literature, except of that desultory and fragmentary character which is evoked by the partial and limited success of amateur experimenters. Ten years ago the physicians who were using oxygen in this country could be counted on the fingers of one hand. To-day they number many hundreds and are fast multiplying into thousands.

Two reasons for this increase of interest are patent—an increasing tendency to eschew routine drugging and to fall back upon natural processes and natural elements for remedies, and the fact that some fairly incredible results have been attained, even by, for the most part, crude and inaccurate methods on the part of the early experimenters. Professional prejudice, on account of the much quackery heretofore mixed up with the name of oxygen, has prevented many of the better class of practitioners from even the most superficial investigation of the subject; but the accumulation of indisputable facts is fast doing away with this, and the result must be that the future will give us better work at the hands of more competent observers.

The writer has been, in a general way, for more than twenty years interested in the practical investigation of oxygen and oxygen compounds, and has, perhaps, published more on this subject than any other American author; yet he does not harbor the conceit that his work has been other than elementary, or that it has been in any sense thoroughly scientific or complete. In fact, he is fully conscious that, on the contrary, it has been incomplete,

unsatisfactory, and, to some extent, inconsistent. Nevertheless, he would be obtuse indeed if during all this time he has not gathered some practical facts and unlearned many false preconceptions. (The latter is quite as necessary as the former.)

With a view to sparing other experimenters many of the disappointments personally experienced as a result of elementary ignorance, and as a condensed response to a host of inquiries to which it is impossible to reply by individual letters, he ventures to submit a few practical suggestions derived from laboratory and clinical experience.

1. There are a dozen methods for evolving oxygen from chemicals, the, as yet, only advisable and practical one in a medical point of view being that from a mixture of potassium chlorate and manganese dioxide. Pure chemicals should be used, in the proportion of four or five of the former to one of the latter, pulverized or granulated, dried, and well mixed. The addition of a trace of precipitated carbonate of iron guards somewhat against the evolution of free chlorine, hypochlorous acid, etc.

2. This salt, or mixture of chemicals, is to be placed in an iron, brass, or copper retort—the three metals being named in the order of their preferment—which is to be closed gas-tight, except that it must have an outlet-tube for the escape of the gas. Heat being applied, the chlorate fuses at low red heat, parts with one equivalent of its oxygen, which escapes through the outlet-tube, leaving behind chloride of potassium and manganese dioxide, since the latter acts only by its presence (or as a distributor of heat), and is not itself changed.

3. From the retort the gas is passed through a series of wash-bottles, no two chemists using, perhaps, exactly the same purifying solutions. The following is a very satisfactory arrangement:—

In extensive operations it is well to let the first of the series of washing-bottles be entirely empty. It will thus act as a safeguard against reflow of fluid into the retort in case of accident or carelessness in not disconnecting the retort after the operation. The next two wash-bottles may contain a moderately strong solution—say ℥ss to the gallon—of caustic soda. The next may contain a strong solution—say ℥ij to the gallon—of ferrous sulphate, (cryst.) to which add ℥j–ij to the gallon of commercial sulphuric acid. Instead of this, or sometimes in addition to it, some operators prefer a solution of nitrate of silver—say ℥iss to the gallon. A further bottle or jar of pure water may be added or omitted; but the gas should finally be carried through some suitable filtering material, absorbent cotton being about the best. This latter is a very important item, and one that is generally neglected. In fact, it has been but recently suggested. It would be better to omit one or more of the wash-bottles proper than to leave out the filtering bottle.

4. This process yields pure and "nascent" oxygen—frequently called "ozonized oxygen." All freshly made oxygen contains a distinct trace of ozone, and this no doubt accounts for its far greater activity and efficiency, as compared with stale or passive oxygen, since it is well known to chemists that only nascent gases will readily combine with each other to form new compounds—for example, hydrogen and oxygen to form water.

5. Many experimenters consider it quite sufficient to pass the gas through one wash-bottle—that one containing a solution of caustic potash or soda, trusting to this single medium to eliminate all the by-products which may be sublimed from impurities in the chemicals or evolved by excessive heat. This is inexcusable negligence and a prolific source of indifferent if not actually inimical results.

6. And this criticism applies to nearly all the commercial brands of compressed oxygen. Those who, having a theoretical appreciation of the value of oxygen, have limited their experiments to the use of a few cylinders of compressed gas, can have very little idea of the possibilities of chemically pure and nascent oxygen, the first of which compressed oxygen usually is not, and the second it cannot be. Oxygen is one of the most elastic and resistant of all the gases. It requires but fifty atmospheres to compress nitrous oxide to a liquid, whereas the pressure of two hundred atmospheres fails to liquefy oxygen, and all the oxygen sold in cylinders has been subjected to a pressure varying from two hundred and fifty to fifteen hundred pounds to the square inch.

7. For such practitioners as are indifferent to the best results or who are unwilling to subject themselves to the necessary pains-taking, or who, in short, are too busy to any more than temporize with the remedy, compressed oxygen is a very convenient refuge. But let no physician who relies on this ready-made gas

flatter himself that he has done his whole duty, either to his patient, himself, or to science.

8. There are exigencies and emergencies in which only compressed gas is available; but the results from its use should by no means be allowed to measure the value of the nascent article.

9. Oxygen, intelligently exhibited, fulfills two distinct offices, that of a curative in a large number of both acute and chronic conditions, and that of a palliative and temporary relief in many cases that are necessarily hopeless. While every day's experience and the reported experiments of others go to prove that there is almost no limit to its range of applicability,* the accumulating evidence is to the effect that the diseases in which it has shown the most decisive results are anæmia, chlorosis, asthma, dyspepsia, the scrofulous diathesis, phthisis—curative in the earlier and palliative in the later stages—bronchitis, unresolved pneumonia, gout, rheumatism, and neurasthenia.

This seems rather a formidable list, but when analyzed will be seen to hinge upon a few fundamental and analogous conditions, essentially those of non-assimilation, mal-assimilation, and non-elimination.

10. Are there any auxiliaries of oxygen? Yes. The principal gaseous one is nitrous oxide, or nitrogen monoxide, which is the gas usually paraded by the quacks as "compound oxygen." It is to some extent an oxidizer; supports combustion nearly as well as oxygen; is an effective antispasmodic; and being much more soluble in water and other fluids and liquids than oxygen, no doubt, when mingled with the latter gas, materially aids in its rapid absorption and distribution throughout the system. There are but few cases in which the addition of from 20 to 40 per cent. of nitrous oxide to pure oxygen is not decidedly advantageous. This gas may be prepared by any one with a moderate amount of apparatus and a little extra care and labor; but this gas, compressed to liquid form, is so cheap and is so slightly, if at all, inferior to that which has been freshly evolved, that it is hardly worth while, except at remote points, for the busy practitioner to prepare it for himself.

11. What is the usual dose of oxygen? This depends upon too many conditions to be answered in the perfunctory way in which the pharmacists prescribe their preparations. As a rule, in ordinary cases, from two to four gallons, or from four hundred and fifty to ten hundred cubic inches, at a sitting, to be repeated daily, or twice a day, according to circumstances. In emergencies, like asphyxia, dangerous narcosis, paroxysmal asthma, croup, diphtheria, and cyanosis, there should be no restriction of the dose short of giving the patient relief.

12. Oxygen should seldom be administered undiluted. The blood cannot absorb beyond a certain saturation point, and this can be reached as well or better from gas attenuated at least one-half as from undiluted gas. It is simply wasting gas to give it undiluted. Exceptions to this occur in all septic conditions, in malignant forms of disease, and in the extreme emergency of asphyxiation.

13. As to the comparative cost of compressed oxygen gas and that made from the chemicals named by the consumer, the former is sold to physicians at from $5 to $7 per one hundred gallons, cylinders extra; the latter costs, with the aid of a moderately well-arrange apparatus, less than $1.50 for the same quantity, if nothing be said about the time of the manipulator.

14. Reliable apparatus can now be had, through any dealer in surgical instruments, or direct from the manufacturers, who have a reputation at stake, at a cost of from $25 to $200, according to its extent. However, much that is offered is of little practical value.

A word as to liquid preparations containing free oxygen. There are but two forms having any pretensions to reliability and genuineness. First, hydrogen dioxide, H_2O_2, in solutions of the strength of 2½ to 3 per cent., gives off free and very active oxygen in limited quantity. This is frequently used through small inhalers, with very fair results, as a "home treatment," when more efficient methods are out of the question. Most of that offered in the market is too impure or too acid for prolonged use by inhalation. Second, oxygenated water is a very palatable and promising method for the stomachal administration of the gas.

It is prepared by charging distilled water to the fullest possible extent, under strong pressure, with either pure oxygen or oxygen and nitrogen monoxide gases, and is put up in

*Of all the gases, oxygen seems to be most injured by the mechanical process of compression. Nitrous oxide and carbonic acid are but little if any deteriorated by being compressed to liquid form.

bottles, like Apollinaris, and in siphons, like carbonated waters.

This water is giving some surprising results in cases of gastric irritation, persistent vomiting, and anorexia, whether of reflex or other origin. Patients retain it and clamor for it when they can retain nothing else. It has also given marked relief in persistent and habitual headaches, whether of nervous or congestive origin. It deserves to be better known.

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THERAPEUTIC NOTES.

THE TREATMENT OF COMEDONES.

Dr. McCasey says in the Medical Analectic that, having administered ether to a patient who was greatly afflicted with comedones, he noticed that they were easily pressed out, due, perhaps, to the solvent properties of ether on these greasy concretions. He resolved to give the ether treatment trial, and used the following mixture in several cases with gratifying results:—

℞ Ether, ...	f℥j.
Carbonate of ammonium, .	℥j.
Boracic acid, . . .	gr. 20
Water, to make, . . .	f℥ij.

The liquid was applied to the affected parts twice a day.—*Druggists' Circular.*

A PREPARATION OF IRON FOR CHILDREN.

Where the iodide of iron is not well borne by children, Dr. Rex advises the following:—

℞ Ferri pyrophosphat, .	gr. ij.
Potassii iodidi, . .	gr. j.
Syr. limonis, . . .	gtt. xx.
Aquæ destillat,	q. s. ad. f℥j.

Sig.: May be given three or four times a day.—*Coll. and Clin. Record.*

PILOCARPUS IN PNEUMONIA.

In the early stages of pneumonia, that is, in the congestive stage—characterized by sudden rise of temperature, throbbing pulse, dryness of the skin, hurried and difficult respiration, chilliness, etc.—where my esteemed friend, Dr. Hiram Corson, would employ the lance and cold pack, I will, with equal confidence, put my patient to bed, and produce free diaphoresis by the administration of jaborandi. With the appearance of free sweating there will be an amelioration of all the violent symptoms, and a speedy and perfect cure within three or four days. A temperature of 105° in congestion of the lungs has, time and time again in my practice, been reduced to 99.5° in twenty-four hours.

While my friend, Dr. Corson, applies the lance to relieve the active congestion, I can produce as decided an effect with the drug under consideration. What has been said of congestion of the lungs can be said also of pleurisy. I am not writing from fancy, but from experience.—DR. J. B. CARRELL, in *Med. and Surg. Reporter.*

THERAPEUTICAL USES OF YEAST.

Dr. Heeren (Pharm. Centralhalle) strongly recommends yeast in all contagious diseases, its activity being presumably due to a fungus which, through its rapid growth, stifles and kills all other micro organisms. He gives of the bottom yeast to infants and children under three years of age from one to three grammes every two hours; adults ten to fifteen grammes. Dr. Heeren has often observed a temperature reduction of from 41° to 38° C. within twelve hours after only three doses of yeast. With the yeast treatment the convalescence is shortened in a remarkable manner. He has used yeast in dysentery, cancer, scarlatina, measles, and in infantile diarrhœa, which latter improves very quickly. He praises it highly in diphtheria.—*Druggists' Circular.*

THE SALICYLATES IN RHEUMATISM.

In anæmic and poorly nourished patients suffering from rheumatism Solis Cohen for five years has been using the following prescription:—

℞ Sodii salicylatis, . . .	℥iv.
Glycerini, ...	℥ij.
Ol. gaultheriæ, . . .	♏xx.
Tinct. ferri chloridi, . .	℥iv.
Acidi citrici, . . .	gr. x.
Liq. ammonii citratis, q. s. ad	℥iv.

M. Sig.: ℥j. several times daily.

In this mixture is probably the citro-salicylate of iron and ammonium, which is slightly soluble in water and freely soluble in water and glycerin. There is probably nothing to be gained by this salt over the tincture of iron and salicylate of sodium, except that it saves prescribing two bottles of medicine, which, of course, from a practical point, has its advantages, and which are considerable, hence it is a useful prescription.—DR. W. A. CALDWELL, in *Ther. Gazette.*

ANTIDOTE TO SERPENT VENOM.

Dr. H. C. Yarrow, of Washington, D. C., has been recently experimenting with the view of determining the value of certain reputed antidotes to serpent venom. All of them in his hands have thus far proved useless, with the exception of the fluid extract of jaborandi, which seems to possess antidotal powers—at least in the case of mammals; but upon fowls it appears to have no such effect. He has given hypodermically to rabbits fourfold lethal doses of crotalus venom, and then by the administration of thirty-five drops of the fluid extract of jaborandi he has prevented any serious results. Dr. Josso, of Paris, reports a case of viper-bite cured with an infusion of jaborandi leaves.—Dr. J. B. Carrell, in *Med. and Surg. Reporter.*

THUJA OCCIDENTALIS FOR WARTS.

W. F. B., Washington, writes that his attention was called some time ago to the action of this remedy on warty growths, and he has used it since with entire satisfaction. He administers the fluid extract in five-drop doses twice daily, and applies externally at the same time. Two weeks' treatment usually suffices to effect the removal. In some cases he has found the local application alone to be sufficient.—*Druggists' Circular.*

A FORMULA FOR KOUMISS.

For koumiss mixed milk is the best, Alderney milk being too rich. Put one quart of sweet milk into a farina boiler, and stir constantly (over the fire?) until it has reached blood heat. Dissolve one quarter of a cake of compressed yeast in two tablespoonfuls of lukewarm water; stir the yeast until it is thoroughly dissolved. If you are unable to procure compressed yeast, two tablespoonfuls of liquid yeast may be used. Take one ounce of sugar (which is equal to two tablespoonfuls of sugar level to the brim), and dissolve it in two tablespoonfuls of water; stir over the fire until it boils, and then allow it to boil ten seconds, when you should have a perfectly clear syrup. Put the yeast into the milk, and then add the syrup, stirring backward and forward until they are thoroughly mixed.

Fill a quart bottle up to the neck with the mixture and put in a tight-fitting cork, which must be fastened down by means of a string, and keep the bottle in an upright position at a temperature of 70° F. for twelve hours, then in a temperature of 55° F., the bottle being placed on its side. The koumiss is ready for use in twenty-four hours; but patients often prefer it after standing forty-eight hours, as the taste is then slightly more acid.—*From a lecture delivered at the University of Pennsylvania by* Mrs. S. T. Rorer, *Principal of the Philadelphia Cooking School.*

BOSTON MEDICAL LIBRARY FEB 3 1888

A NEW USE FOR ETHER DURING ANÆSTHESIA.

Dr. H. A. Hare writes in the University Medical Magazine: "Very frequently during the early stages of the administration of an anæsthetic the patient 'forgets to breathe' even before the ability to preceive peripheral irritation is lost. Even later in anæsthesia, when the breathing suddenly ceases, we are accustomed to use cold water externally and to slap the patient with wet towels. Such measures are generally called for hurriedly, and it is not at all uncommon for an exasperating delay to occur before the water arrives. The ether is always at hand, however, and I have found that in a large number of instances, both in man and the lower animals, the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements. This is, of course, a simple procedure, and one which has probably been used by others, but I have never seen it so employed."

FORMULA FOR ANÆMIA.

For a girl with anæmia, in which the red corpuscles were found to be diminished nearly one-third in number, Professor Da Costa directed a meat diet, 3 grs. sacch. pepsin at meals, and the following:—

℞ Liquor. potassii arsen., . . ♏iij.
Tinct. cinch. comp., . . . f℥j.
M. Sig.: Three times a day.—*Coll. and Clin. Record.*

CROUP.

Dr. Carpenter read a prescription given by Dr. Shurley to the class, as follows:—

℞ Pilocarpinæ muriatis, . gr. ⅛ to ¼.
Pepsinæ, . . . gr. 1 to 1¼.
Acidi hydrochlorici, . gtt. 2.
Aquæ destillatæ, . f℥iiss.
M. Sig.: A teaspoonful every hour.—Gratiot Co., Mich., Med. Society, *Amer. Lancet.*

TONSILLITIS.

The following has been found a very useful gargle in the treatment of tonsillitis, and is highly recommended by Dr. John Aulde:—

℞ Tr. guaiac. ammoniat.,
Tr. cinchonæ comp., āā f℥iv.
Potass. chloras., . . ℥ij.
Mel. desp., . . . f℥iv.
Pulv. acaciæ, . . . q. s.
Aquam, . . q. s. ad f℥iv.
M. Sig.: Use as a gargle, and take a teaspoonful every two hours.—*Med. Register.*

FOR BILIOUSNESS.

℞ Pulveris ipecacuanhæ, . . gr. iij.
Massæ hydrargyri, . . . gr. viij.
Extracti colocynthidis compositæ, gr. xvj.
Misce et divide in pilulæ no. viii.
Sig.: Take one pill night and morning.—PENDLETON TUTT.

℞ Extracti hydrastis fluidi, . . f℥iss.
Tinctura rhei, ... f℥viss.
Tincturæ cinchonæ compositæ, f℥iij.
M. Sig.: Take a dessertspoonful two or three times a day.—NIEMEYER, *Med. World.*

PILOCARPUS FOR ERYSIPELAS.

Dr. J. M. Da Costa says that the pilocarpine treatment of erysipelas grows upon him, and, in thus speaking, my own views are expressed. It may be well to narrate one or two cases described by this eminent physician: "In a case of erysipelas of the face and leg the patient was given one-sixth of a grain of pilocarpine by hypodermic injection; two hours later he was given one-eighth of a grain and was purged with a mercurial pill. He was then ordered twenty drops of the fluid extract of jaborandi every two hours, when he did sweat, and the disease was checked in twelve hours after the first hypodermic; the temperature went down to normal, and he made a rapid convalescence from that time. He is now taking twenty drops of the fluid extract thrice daily; he still sweats, and his urine has increased from two and one-half to three and one-half pints in the twenty-four hours. The drug did not have sialogogue effects, nor did it seem to have any action on the heart. The second case is one of erysipelas of the nose. On admission, the temperature was 103.5°. After the injection of pilocarpine it fell to 100°, later to 99°, and has never since been up to the fever temperature."—DR. J. B. CARRELL, *in Med. and Surg. Reporter.*

BANDAGING THE EXTREMITIES FOR PULMONARY HEMORRAGE.

Seitz (Archiv für klinische Medicin.), as the result of experimental investigations, recommends bandaging the extremities for hemorrhage from the lungs; first the upper extremities, at or about the middle of the arm, then the lower at the middle of the thigh or immediately below the knee, using silk bands about three-fourths of an inch wide; or, in case of necessity, strips of any sort. By imprisoning the blood, the tension of the left ventricle is diminished, and contraction of the vessels in the area not included occurs. The half hour during which the bandages are retained suffices for the formation of a thrombus at the site of hemorrhage. The method was used in the time of Hippocrates.—*Druggists' Circular.*

CREASOTE IN PHTHISIS.

In a paper on "Creasote in Phthisis," contributed to the New York Medical Journal, December 8, 1888, Dr. Austin Flint reports ten cases, and says that the records of the ten cases reported show that creasote by the stomach and the inhalations (consisting of equal parts creasote, alcohol, and spirit of chloroform) in cases of solidification without cavities effect prompt and decided improvement in all phthisical symptoms, with increase in appetite, weight, and strength, even with surroundings much less favorable than would obtain in many cases in private practice.

A REMEDY FOR SWOLLEN FEET.

A German remedy for swollen feet, which should prove useful to policemen, mail-carriers, printers, and others whose business keeps them upon their feet all day, is composed of three parts salicylic acid, ten parts starch, and eighty-seven parts of pulverized soapstone. This, sifted into the shoes and stockings, keeps the feet dry and prevents chafing.—*Pacific Record.*

ANTISEPTIC SOAP.

Professor Reverdin gives the following formula of an antiseptic soap that is quite soft to the hands, cleansing and disinfecting them without causing any irritation:—

Sweet almond-oil, . . 72 parts.
Soda lye, . . . 24 "
Potash lye, . . . 12 "
Sulpho-carbolate of zinc, 2 "
Essence of rose, . . 9 "

—*New York Medical Journal.*

THALLIN IN GONORRHŒA.

Thallin, one of the group of antipyretics, is also a powerful antiseptic, and it has been largely employed by the Germans as an injection in gonorrhœa. Dr. d'Hercourt (Lancet), having experimented with the drug, reports very favorably on the effects which were produced by a 1 or 2 per cent. solution of the tartrate of thallin in a saturated aqueous solution of naphthol. He gives one injection daily. He claims that in acute attacks the scalding may be suppressed by the second day, and the discharge by the fifth or sixth day. It is, nevertheless, necessary to continue the injections for some time and to observe the usual hygienic precautions. He has been enabled to follow up the treatment in forty cases with the most satisfactory results. The treatment may be employed from the very commencement; indeed, it is in the acute stage that it affords the greatest amount of relief.—*Med. Abstract.*

LANOLIN AND ICHTHYOL IN ERYSIPELAS.

Nussbaum recommends the application of an ointment containing equal parts of lanolin and ichthyol in the treatment of erysipelas. He covers the affected area with salicylated wool, and claims to obtain a painless cure in two or three days.—*Medical Press and Circular.*

TO CURE SORE NIPPLES.

Dr. J. H. Scarff, of Baltimore, writes: I inclose you a recipe that I have been using for a long time for sore nipples in nursing mothers. I cannot report a single case of failure when it has been used as directed. I would like my professional brethren to know of it, not that I consider it a specific, but that it has done me service in many cases when other means had failed. The nipple should be cleaned with a little warm water, to which has been added a small amount of borax, before applying:—

℞ Balsam Peru, . . . ʒss.
Tinct. arnicæ, . . . ʒss.
Ol. amygdalæ dulc.,
Aquæ calcis,. . āā ʒss.

M. Sig.: Shake well and apply to nipple with a camel's hair brush.—*Maryland Medical Journal.*

HYPODERMIC INJECTION OF SODA SALTS IN UTERINE HEMORRHAGE.

Dr. L. J. Osherovski, having a case of a large uterine fibroid which gave rise to frequent violent hemorrhages, tried all ordinary remedies without success. At last he determined to inject soda salts under the skin. For this purpose he employed a mixture containing a drachm and a half of crystallized phosphate of soda with an equal quantity of sulphate of sodium in four ounces of distilled water, a drachm of the mixture being injected at a time. The hemorrhage immediately diminished to half the quantity, and in five days' time ceased almost entirely.—*Lancet.*

COUGH MIXTURE.

℞ Acid. hydrocyanic. dil., . . ♏iij.
Spts. chloroformi, . . . ♏x.
Acid. hydrobromic (34 per cent.) ♏xv.
Syr. scillæ, ... ♏xx.
Syr. tolutani, ... fʒss.
Aquæ, . . . q. s. ad fʒij.

M. Sig.: One dose for adult; to be repeated every three or four hours.

℞ Syr. tolutani,
Syr. pruni virginianæ,
Tinct. hyoscyami,
Spir. ætheris comp.,
Aquæ, . . . āā part. æquales.

M. Dose: A teaspoonful.—*Dr. E. G. Janeway.*

℞ Ammonii chloridi, . . . ʒj.
Spir. ætheris comp., . . fʒvj.
Syr. pruni virginianæ, . . fʒij.
Aquæ, . . . q. s. ad fʒiv.
Dissolve and mix. Dose: A teaspoonful.

℞ Acidi hydrocyanici diluti,
Chloroformi purificati, . āā ♏xxx.
Tinct. hyoscyami, . . . fʒj.
Aquæ camphoræ, . q. s. ad fʒij.
M. Dose: A teaspoonful.—*Med. World.*

TREATMENT OF ECZEMA.

The following formula is recommended as an application for eczema by Kaposi:—

℞ Naphthol, . . . 5 grammes.
Black soap, . . . 50 "
Powdered chalk, . . 10 "
Prepared lard, . . 100 "

The parasites are immediately destroyed by this ointment. Different forms of eruptions, especially scabby eczema, are rapidly cured. The ointment should be rubbed in twice daily. It is free from odor and does not stain linen.—*Brit. Med. Journal.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, Feb., 1889.

TETANUS.

THE frequency of this disease, together with the usually unfortunate termination attending its appearance, warrants us in calling editorial attention to the subject for the purpose of keeping the matter before the medical public. It would be a waste of time to recount the numerous methods which have been adopted for the relief of the disease, running, as they do, all the way from copious draughts of whisky to hypodermic injections of curare, but it may be pointed out that possibly, in this case, the truth of the old maxim, "A stitch in time saves nine," finds an illustration. It will be admitted by all that there is a period between the appearance of the disease and the cause which produced it, and this is practically true if we admit the contagiousness of the affection. Such being the case, it may be within our reach to counteract the tendency to its development by anticipating the effect in those cases where tetanus is threatened, and, by following up appropriate treatment, thereby avoid it. The conditions which favor the appearance are so well known that they need not be mentioned, as every practitioner is alive to the possibilities in all recent injuries, and especially in those injuries which have not taken kindly to treatment, and this is especially true where joints are affected, particularly the joints of the extremities. An injured joint of the extremity is a fruitful source of annoyance to all physicians in general practice, for the reason that the patients do not and cannot be made to understand the necessity for keeping the parts free from motion, and in proportion to their disregard of instructions the dangers are increased. While it is true that the lay public understand the first symptoms of approaching tetanus, the attending physician should be so familiar with the condition of the wound from day to day that he would in a measure anticipate any unfavorable results, and act accordingly. For this reason it may be suggested here that, as a rule, hospital treatment for these cases is to be preferred, because there they will receive proper attention, and will not be allowed to do those things which they ought not to do. Hospital patients are not Episcopalians; they must do just as they are instructed.

The foregoing observations have been made after the perusal of a report in the Lancet in which tetanus followed a small punctured wound of the sole of the foot. The patient was a sturdily built man, and appeared at the hospital ten days after the injury with the usual symptoms, although there was scarcely a trace of the wound, and until these symptoms appeared he had forgotten all about it. An incision failed to reveal any morbid condition of the tissues, and although he was given nutrient enemata, with hypodermic injections of curare to control the spasms, he died within a couple of days in great agony. A post-mortem failed to discover any essential lesions of the nerve-centres. In the same journal is to be found an account of another case of the disease, due to a cut on the wrist some two weeks previously. Chloral hydrate was used, the patient, a young man aged 21 years, taking the enormous quantity of from 100 to 160 grains daily. When vomiting set in the drug was discontinued, but with the reappearance of the spasms it was given partly by the mouth and partly by enema. At times the patient rebelled, when the drug had to be discontinued, but soon it was required to administer chloroform and endeavor to get the patient again under the influence of the chloral. At the expiration of twenty-five days the patient recovered

The foregoing cases teach us a simple lesson, and one from which we should endeavor to profit, because they may be accepted as the perfect counterpart of those cases as generally seen. The fact is that we have not yet discovered any remedy which will serve to eliminate the poison from the system. The word poison is used advisedly, as there does not now

exist any doubt but that the cause of the disease lies in the cadaveric alkaloids developed within the body. The particular alkaloid has not been positively isolated, and until that discovery has been confirmed by different observers it would be of some advantage could we employ a remedy which will aid nature in eliminating this morbid product from the system. The readers of the Bulletin will be disposed to cry "chestnut" when sulphide of calcium is suggested, but the writer believes he has seen several of the most unpromising cases pass through the stages incident to the development of tetanus, and even with some of the well-marked symptoms present, when treatment was instituted, and all recovered without any untoward effect from the injury. We know that patients do not often consult a doctor unless there is good cause, especially the middle classes, and two cases are now recalled which serve as perfect counterparts of the two just outlined, in which all the pain and other symptoms disappeared under the judicious use of the calcium sulphide. Given in doses of one-tenth grain five or six times daily, its influence will be perceptible after the first twenty-four hours. Of course, the remedy can have no influence when the spasms have appeared; other methods must then be employed; but should it be proven by the observations of others that this remedy has a value in the direction indicated, its use even then is not contra-indicated.

A REPORT ON YELLOW FEVER.

A REPORT on the yellow-fever epidemic of 1888 is announced as in course of preparation, and will shortly be issued under the auspices of the Marine Hospital Service. This report will contain a history of the disease and its progress in all of the towns invaded, prepared under the care of physicians who were on the ground at the time, and its appearance will be anxiously looked for by many physicians who have not had the time and opportunities of investigating the subject personally. It will be especially welcome to those physicians living in the southern section of the United States, as they are so situated that their homes may be invaded at any time. Probably the most interesting portion of this work will be accounts of the various measures adopted at the time for preventing the spread of the disease, together with the treatment followed out. It is to be hoped that the vexed question of its introduction into Florida may be finally settled. It would be interesting to know if the version of the affair given by the Surgeon-General is the correct one. The party charged with this serious offense by Dr. Hamilton denies that he was instrumental in bringing yellow fever to our shores, and a woman with whom the man lived writes to a medical journal of this city to the effect that instead of corraling these pestiferous germs he was out on a hunting frolic. Her communication is also indorsed by a chum of the accused party.

In this connection it may be mentioned that the Governor of the State has taken the precaution to call an extra session of the Legislature for the purpose of taking measures looking to the organization of a State Board of Health, a matter of vast importance to that section of the country, but more particularly since Florida has so grown upon the affections of the Northerners as a winter resort. We cannot too highly commend Governor Fleming for his promptness in this emergency, and we bespeak for legislative action a hearty co-operation on the part of the local or county Boards of Health, which in past years have failed to work harmoniously for the improvement of the hygienic demands of the State.

EXAMINATIONS.

IN the city of New York a committee appointed by the School Board to investigate the methods in vogue in the matter of examination in the public schools brought in a report which has rather staggered the august Solons of that honorable body. The Committee has the audacity to say that the examinations as now conducted are but little better than a farce and humbug. The memory is simply used as an educational tool, and not for the purpose of increasing the practical work which will fall to the lot of the pupil in after life. This matter has been up for consideration in England, and, of course, there are the two op-

posing parties, but the facts are that so far as the examinations as generally conducted in our schools in this country, the more of it we have, the less is the practical output of knowledge, taking the examined pupils as the representative of the system as a whole. A ring is bound to be formed between the teacher and examiner, if the teacher does not examine personally, with the result that the best pupil according to the markings is generally of least account.

A SUBSTITUTE FOR TRANSFUSION.

NOT infrequently does it occur to the country practitioner that in cases of hemorrhage from any cause, if transfusion were demanded or advisable, the proper apparatus and other paraphernalia are not at hand. Transfusion is probably more frequently demanded in emergency than at any other time, and that is just the time when it cannot be practiced. For a long time it was supposed that nothing but blood could be used for this purpose, but recently it has been practically demonstrated that a saline solution will answer every purpose, and accordingly the method has been so far modified that fresh blood is not a preliminary requirement. But even with this difficulty removed there will be times when this simple procedure—simple for the manipulator who has been fully initiated—cannot be carried out. Suppose, for example, we take a case like the following—one without blood, but carrying with it all the bad effects of loss of blood: a profuse and repeated choleriform discharge from the bowels. Given a patient on a hot summer day suffering from an affection of this character, and the physician is called suddenly to find the patient in collapse. Hypodermics of morphine and atropine may be of some use in preventing the frequent action of the bowels for the time, but something is demanded for the benefit of the patient threatened with death from exhaustion and from shock. Now, in a case of this kind, what could be more appropriate than an enema of hot water to which has been added a sufficient quantity of laudanum to obtund the sensibility of the rectum. If to this we add a small quantity of common salt, the work is completed, and this can be repeated again and again without danger and with the best possible results. Cases of the kind will occur to the practitioner far out in the country, at a farmhouse, and all he has to do is to use the syringe which every accoucheur should have in his bag. While he watches his patient recover, he can send for the apparatus for transfusion together with any assistance which may be deemed necessary.

In the case of uterine hemorrhage, either before or after the birth of the child, this process may be adopted; or in the case of injury, where great amounts of blood have been lost before the arrival of the physician, many lives might annually be saved from the bad effects following the shock of the injury and of the operation demanded if this simple precaution had been followed out. Possibly the method may be objected to on account of the condition of the bowels; it will be said that the lower bowel should be unloaded. That is not required, but by using the enema the bowels may be moved, when we have a still better opportunity for practicing this method, as they will contain more water with less discomfort to the patient.

CORRESPONDENCE.

TREATMENT OF DIPHTHERIA.

Editor Medical Bulletin:—

Please let me give my fellow practitioners some of my experience with diphtheria. We have quite a number of cases here just now. I am fully convinced that too sudden change of temperature of the body will produce diphtheria. The worst case I ever saw was that of a little girl who, on the first day of July, was assisting her grandfather in watering a vegetable garden. When she became too warm she would go to the barrels of water and plunge her arms in up to the shoulders, and in less than twenty-four hours after thus exposing herself she was seized with violent diphtheria, from which she did not recover for three months, having all the sequelæ of the disease.

I have treated all my cases of diphtheria for the past five years almost entirely locally and have not lost one patient, and have only had in one instance the second member of a family to take the disease. My treatment, if seen early, is to swab the throat with a solution of hydrarg. bichloridi, tincturæ ferri chloridi, and potassii

chlorate. I use this as a wash, with no constitutional treatment. Unless my patient is not seen in the first stage of the disease, I take as much hydrarg. bichloridi as will lie on the point of a small pen-knife, put it in half a tumbler of water, with two drachms of iron tincture and half a drachm of chlorate potash. I cured a case of diphtheritic croup, not long since, by putting my swab in the top of the trachea, when all who had seen the child said it would die.

E. E. GOODMAN, M.D.

ALTOONA, PA.

HYSTERIA IN FEMALES.

Editor Medical Bulletin:—

In the MEDICAL BULLETIN of September we observe a very nicely written as well as instructive dissertation upon hysteria, claiming, as the writer does, to know something about the disease, as he married one of the worst cases of hystero-epileptica, and that she got well. Now, Mr. Editor, I do not suppose there ever was a physician of any very extensive practice who has not had many cases of the kind, and we have never known of a case of that kind dying, and but one case before where the physician had to marry his patient to cure her. Judging from this Doctor's success, we would infer that matrimony was a panacea. But, Mr. Editor, we cannot marry all of our hysterical patients, or get them married, so what shall we do? The Doctor says we must first of all banish from our minds the idea that hysteria is the product of uterine disorder, and that it is a functional disorder of the cerebro-spinal system, associated with a loss of will power. Yet, while we are ready to admit these assertions, what is behind these symptoms? What are the causes of all this trouble? While in some few it may be excessive study or loss of friends, etc., yet we verily believe that three-fourths of all such cases are dependent entirely upon some uterine irritation or functional derangement of that organ (the uterus or some of its appendages), and when you cure that derangement by matrimony or otherwise your patient will get well. Theory says many things which we have found will not pan out in practice.

J. A. H.

AN OPEN LETTER.

To the Medical Profession of the United States:

GENTLEMEN: The bill for a National Patho-Biological Laboratory, which has been taken in charge by the senior Senator of Nebraska, Hon. Charles F. Manderson, is now on its way and before a committee of the Senate; it is known as Senate File 3669. Whether this bill becomes a law or not during this session of Congress, it is in the hands of one who well knows how to take care of it, and who, irrespective of political partisanship, is well known to be one of the most accomplished, patriotic, cultured, and humanitarian members of our national legislative body, and hence especially fitted to take hold of a subject which can, if rightly managed, enter so deeply into the future of our national public health and the preservation of the great live-stock interest. But beyond all this, the presentation of this bill to Congress surely marks an epoch in the history of preventive and State medicine in all English-speaking countries, for, unless seriously in error, this is the first time that any such act was ever placed before the consideration of a legislative body in any such country, and especially one which tended to be national in its aims and purposes; but its full scope is scarcely realized unless one gives to it the necessary reflection. No intelligent and thoughtful member of our profession can for a moment doubt, in the light of the stand of original research in the aid of preventive medicine in Europe, that each State Board of Health in this country should to-day have at its command a modest but suitable laboratory for scientific investigations; again, attached to each regiment in our army are surgeons who have had to pass a more or less severe examination, and who are situated in parts of the country especially adapted for original research which may eventually be invaluable to humanity. These gentlemen have an abundance of time on their hands, and it would be no difficult matter for the army department to supply them with the few fittings and materials necessary for one individual to carry on successful investigations. On the other hand, even the few ships of our navy are often stationed where most valuable investigations could be made, not only upon yellow fever, but other diseases, such as ship fever, etc., were their surgeons only drilled in the *technique*, and had they the small laboratory conveniences which are easily provided for in such vessels. Now the means to educate men for original research in these important fields are especially provided for in this bill. It is scarcely necessary to call attention, not only to the very close relation existing between many animal diseases or the food products from diseased animals and the public health, nor upon the absolute necessity of uniting the study of contagious and infectious diseases of the lower animals in the same laboratory where those of the higher are to be studied, for it is too well known that the actual in our present knowledge of pathogenetic germ-life is and has been largely drawn from studies of animal diseases rather than those of our own species, and that by analogy often, rather than by direct experiment, or by the vicarious sacrifice of animal life, must we ever be more or less dependent for our knowledge as to

the action of pathogenetic micro-organisms in our own species. With these facts, then, plainly before us, with a bill actually before Congress which tends to meet the desired ends, is it not the duty of our profession to take an active interest in a matter of such vital importance to its future development, and especially so intimately connected with the noblest side of our professional relation to our species, the humanitarian? Is it, then, not the duty of every practitioner to write or see his member of Congress, and to call his attention to this bill, and to show to him its value to the country? Is it asking too much that the faculties of our medical schools and the students send petitions to Congress in its favor? Is it not the duty of every medical journal in the country to support it? If the latter will do this and send marked copies of the editorial to the writer, they will be reprinted and bound in a handsome manner, and sent to every member of Congress. Trusting that the medical profession of America will appreciate this endeavor made by one of its most humble members for its honor and advancement,

I remain, your obedient servant,

FRANK S. BILLINGS,

Director Patho-Biological Laboratory, State University of Nebraska, Lincoln.

MEDICAL NEWS AND MISCELLANY.

DR. HARRY JARRETT has resigned his position as resident physician of the Cooper Hospital, to take effect February 1, 1889.

OF the six thousand students in the Berlin University this Fall about five thousand are graduates of a classical high school.

DR. EPHRAIM CUTTER, the enthusiastic writer and investigator, was in the city a few days during the past month and called upon the editor.

DR. D. HAYES AGNEW, of the University of Pennsylvania, is to be presented with his portrait by the students of the medical department on his retirement.

THE Thanksgiving collections received to date in aid of the Episcopal Hospital of Philadelphia amount to $10,493.75, and the contributions $10,032.30.

DEATHS FROM CHLOROFORM.—During 1885, 1886, and 1887 nine persons died in Australasia while under the influence of chloroform, four of the cases being in Sydney.

DR. M. P. HATFIELD is authority for the statement that one single bacterium will multiply so rapidly that at the lapse of three days there will be in its place 4,772,000,000,000.

PROF. JOHN ASHHURST, JR., and Professor Tyson have been indorsed by the faculty of the University of Pennsylvania for the chairs of surgery and clinical medicine respectively.

DIPHTHERIA has been raging in epidemic form in the central portion of the State, and especially in Berks, Lancaster, and Lehigh Counties, where many cases have proved fatal.

DR. G. J. JOHNSON, in the Boston Medical Journal, says he believes that nearly all cases of human tuberculosis are caused by eating the flesh of animals and drinking the milk of cows affected with the disease.

AFTER considerable squabbling, the dental students of the University of New York to the number of eighty-six resigned in a body on account of the action of the faculty in refusing to promote Professor Weisse to the chair of anatomy.

CREMATION IN BUENOS AYRES.—During the past year nine hundred and ninety-three bodies were cremated in Buenos Ayres, of which number seven hundred and forty-two were of persons dead of cholera, small-pox, and other contagious diseases.

WHEN the child of Mrs. Parker, of Boston, was born recently it was at once attacked by a pet bulldog. The accoucheur, Dr. Galvin, fought the animal off, sustaining severe injuries, for which a jury the other day awarded him seven hundred dollars damages.

POISONING from eating canned tomatoes affected four persons in the northern part of the city during the past month. It was supposed that the food had been contaminated by the presence of "Rough on Rats," and but for the prompt action of Dr. Bunce one of the four would have died.

EXAMINING PHYSICIAN.—Dr. G. Milton Bradfield, police surgeon of the Eighth District of Philadelphia, has been appointed examining physician for the Reading Railroad Employees' Relief Association, and will make examinations of applicants for admission twice a week at Willow-street Station.

THE ENGLISH PROFESSION WITH DR. MACKENZIE.—A well-informed physician in London writes to the editor of THE MEDICAL BULLETIN that the feeling of the public in England is with Dr. Mackenzie, who has now more patients than he can see, and he has been compelled, in self-defense, to limit the number.

GOVERNOR FLEMING, of Florida, has called an extra session of the State Legislature for the purpose of establishing a State Board of Health, thus doing away with the Boards of Health in the counties, among which there has never been

any concert of action about salutary quarantine regulations. The proposed system would add to the safety of the public health, and, by creating a feeling of security, restore the confidence of intending winter tourists.

Resignation of Dr. Formad.—For some years past Dr. Formad has been known as the demonstrator of pathological anatomy in the medical department of the University of Pennsylvania, and lately he has been appointed and is now serving as coroner's physician. His resignation, it is understood, has been sent in on account of the action of the trustees in appointing Dr. John Guitéras to the chair of pathological anatomy made vacant by the promotion of Professor Tyson.

Tribute to a Philadelphian.—Philadelphia is still ahead. This time it is Prof. Joseph Leidy, who contributes to keep the city in the van of civilization. Dr. Leidy has just received from the French Academy the gold medal which that institution periodically bestows on some one who, it is conceded, is specially eminent in some branch of science. Accompanying the medal came a most complimentary letter acknowledging that in his own specialty Dr. Leidy leads the world.

The witty feuilletonist of La France Médicale has discovered that the names of thirty-one physicians are inscribed upon the roll of the saints. But lest any doctor thereupon becomes unduly vain, he hastens to add that not one among them was duly canonized because he was a doctor, but, notwithstanding that fact. So far from receiving a reward for their services to mankind as physicians, he even hints that the methods for which these ancients were canonized savor strongly of modern quackery.

The Reform of Circumcision.—The Israelites of Paris recently appointed a commission of surgeons under the presidency of Zadoc Kahn, the Grand Rabbi, to consider what modifications might advantageously be introduced in the ritual of circumcision. They have published rules looking to more thorough cleanliness of the operator, of his instruments, and of the infant, and have decided to do away with the sucking of the wound after the operation.—*The Annals of Hygiene*, October, 1888.

A Tale of Two Cities.—A comparison of the death statistics of New York and Philadelphia is, I note, much in favor of your city. With only one-third more inhabitants we have double the number of deaths and three times as many suicides. This is due to our large tenement-house population, the presence of so many foreigners, and the absence of the home element in the life of the masses. Washed by three rivers, this city ought to be the healthiest in the world, as it used to be when New Yorkers governed their own city.—*Exchange.*

A Sanitarium for Consumptives.—At Reinickendorf, a village near Berlin, it is reported, a consumptive sanitarium is to be erected on a novel plan, utilizing the supposed therapeutic influence of association with certain animals. A large cylindrical building will be occupied in the upper part by the patients, while the ground floor will be given up to the accommodation of large numbers of milch cows, the exhalations from which will be conducted to the apartments above. A whey and buttermilk diet will also be contributed by the under boarders.

Notions About the Seat of Notions.—It has lately been suggested that the two cerebral hemispheres have a totally different function, the left in the waking state being employed in intelligent thinking, the right in unconscious cerebration, including the composition of dreams, and upon this hypothesis a remedy for insomnia has been proposed. It is that those desiring sleep should attempt to recall the details of a recent dream, and thus gently lull from activity the wakeful and vigilant left hemisphere by calling into activity the function of the right.

Steam Disinfection of Yellow-Fever Microbes.—The experiments of steam disinfection recently tried in Jacksonville have proved that the steaming process is thoroughly efficacious in destroying microbes in general and also the yellow-fever microbes. Active germs placed by Dr. Gibier in a gelatine-filled glass tube germinated, showing unmistakable life and activity. Microbes subjected to the steaming process, though for only ten minutes and under very imperfect conditions, were afterward subjected to the same cultivation, but remained entirely inert.

Medical Education of Chinese in China.—Dr. W. W. Myers' three pupils, who have completed a course of four years' instruction under his direction at Formosa, recently passed an examination in Shanghai. The result, with the percentage gained at the primary examinations in Hong Kong and Shanghai, was as follows: Goh Kitmoh, 72 per cent.; Chan Chinghai, 68 per cent.; Li Tsunfan, 66 per cent. Following the presentation of diplomas a detachment went through ambulance manœuvres, stretcher drill, dressing the wounded, and applying splints adapted from the Chinese umbrellas. —*The British Medical Journal*, October 6, 1888.

Prostration Under the Electric Light.—Several cases of electric prostration are reported from Creusot, France. It affects workers under electric light. The light exceeds one hundred

thousand candle power, and it appears that it is this excess of light, and not the heat, which produces the nervous symptoms. A painful sensation in the throat, face, and temples is first noticed, then the skin becomes coppery red, and irritation is felt about the eyes; much lachrymation ensues, and these symptoms then disappear, whilst the skin peels off in five days. The effects are comparable to those produced by walking over fresh snow in the sunlight, and may be regarded as a sort of "sun-burning."

A Fee of Ten Thousand Pounds.—Surgeon-Major Freyer, M.D., I.M.S., has received a fee of one lakh of rupees (ten thousand pounds sterling) from H. H., the Nawab of Rampur, as a token of esteem as well as an acknowledgment of his valuable services in the successful treatment of himself and General Azimuddin Khan, the popular head of the Administrative Agency of the State, who had suffered for nearly three months from a malignant rheumatic fever. His recovery has been the occasion of great rejoicing at Rampur. This is said to be the largest fee ever received by a medical practitioner in India, and probably has never been exceeded in any country.

The best process of embalming is called the "Brunelli Process." The circulatory system is cleansed by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. Alcohol is injected so as to take out as much water as possible. This occupies about a quarter of an hour. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. A strong solution of tannin is then injected. This occupies for imbibition from two to ten hours. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy from two to five hours. The body is then perfectly preserved and resists decay.

The Philadelphia Charity Ball.—This laudable affair will take place February 11th, at the Academy. The proceeds will be divided between the Library of the Philadelphia Institute, Free Library of the University of Pennsylvania, the Medico-Chirurgical Hospital, and the County Home Annex, at Bala. The tickets will be five dollars each person, including supper and wine. William Platt Pepper is Chairman of the Executive Committee; Secretary, G. Heide Norris.

During the month of December there were 629 cases treated at the Medico-Chirurgical Hospital, covering 1625 visits, and 1451 prescriptions.

Lectures on Ophthalmology.—Prof. P. D. Keyser, of the Medico-Chirurgical College of Philadelphia, has issued the following card to the members of the profession:—

In connection with my daily Dispensary for the gratuitous treatment of indigent persons suffering with diseases of the eye, I will give, during the winter, a course of lectures on Ophthalmology, as follows:

Didactic, Tuesdays, 4 P. M.
Clinical, { Wednesdays, 2 P. M.
{ Fridays, 1 P. M.

Every care and attention will be given to all deserving patients applying for treatment at the Dispensary, daily, from 1 to 2 o'clock P. M.

The members of the profession are cordially invited to visit the Dispensary, and attend any of the above lectures, at their convenience.

An Insane Man's Charges.—The Burn Brae Asylum officials have been exonerated by the State Committee on Lunacy of the Board of Public Charities from the charges of improper treatment made by Thomas and Medora A. Fassett. The institution is licensed by the Committee, and is located near Primos, Delaware County. Thomas Fassett was received as a patient at Burn Brae on August 1st last, suffering with acute mania. "To close up this institution," the report says, "on the testimony of a single patient only recently restored to reason, and of events which he declared occurred while he was admittedly insane, would be to our minds a perversion of justice, and the Committee unanimously agrees in dismissing the complaint."

Lipanin.—According to the investigations of Buchheim, cod-liver oil possesses no other effect than that of a fat. Its advantage over other fats is due to the existence of free fatty acids, which are transformed into soaps immediately upon meeting with an alkali, without the influence of the pancreatic secretion, and facilitate its emulsion. The brown oils are preferable to the clear preparations on account of their greater richness in these fatty acids. On the basis of these considerations, Professor von Mehring, of Strassburg, has devised a substitute for cod-liver oil, consisting of a mixture of olive-oil, with 5 to 6 per cent. oleic acid, which is manufactured in Berlin under the name of lipanin. It has a pleasant taste, is well borne by children and adults in the same doses as cod-liver oil for a long time, and appears to have the same nutritive value as the latter.—*St. Louis Courier of Medicine.*

The Phonograph in Medicine.—Quite a stir has been created in medical circles by the announcement of the introduction of the phonograph for the purpose of reporting lectures as well as for making a record of the condition of the patient. If our readers will turn to page 259, vol. v, 1883, they will find a reference to

this matter, in which it was noted that an instrument called the glossograph had been exhibited at Vienna which was intended to be used for this purpose. The glossograph preceded the phonograph, but with the improvements added to the latter, it will undoubtedly take the precedence. In using the glossograph it was necessary to translate the impressions, which were much like the impressions of the old Morse system of telegraphy.

DRS. SIRENA AND ALESSI have made a series of experiments with creolin, one of the new antiseptics, to determine its action upon the comma-bacillus of Koch, and have been led by the results obtained to place great hopes upon it as an efficient remedy in cholera. They state that the addition of from eight to ten drops of a 3 per cent. aqueous solution of creolin is sufficient to completely sterilize, within five minutes, a pure culture in broth of the comma-bacillus. From one to four drops of the same solution added to ninety drops of a broth culture will prevent the development of the comma-bacillus. From one to three drops of a 1 per cent. solution retard the development of the micro-organisms, and four drops or more prevent it completely. The authors regard creolin as an antiseptic of great value.

DROLL STORY BY A GOOD OLD DOCTOR.—Dr. Levi Ives is an old practitioner and still in the harness. Once he was summoned to consult with a country physician who had studied medicine under him. The course of treatment was described to Dr. Ives and he found fault with some remedy. "Why, Doctor," remonstrated the other, "when I was studying with you, you gave that remedy in every case." "My son," quoth Dr. Ives, "you remind me of my horse. Once when I was driving along a country road I came to a pool of water at which my horse shied, and I had some difficulty in getting him to pass. The next summer I drove over the same road. When I came to the place where the pool had been there was no pool to be seen, but the horse remembered the place and shied again. Now that shows that the horse had a good memory, but mighty poor judgment."—*New Haven Palladium.*

EFFECT OF COFFEE ON THE URINE.—Dr. Dumont, of Louvain, has undertaken a series of researches on the effect of coffee drinking on the urine, from which it appears that, though the diurnal quantity of urine is not seriously interfered with, the composition undergoes a very decided change. Dr. Dumont kept the subject of his researches for some days on ordinary diet, the constituents of which were determined. During part of the time only was coffee added, the quantity being three cups—corresponding to about two ounces of roasted coffee—per diem. By regular and careful analyses of the urine it was found that during the days when coffee was taken the urea passed was increased by about seventy-five grains. The effect on the urea was produced immediately the coffee was commenced, and as soon as it was omitted the quantity of urea returned to that which it had exhibited previously.—*Lancet*, Sept. 29, 1888.

HYDROPHOBIA IN HOLLAND.—The government of Holland has cognizance of twenty-three cases of men bitten by rabid animals and supposed to be infected with hydrophobia. Twelve of these victims were subjected, at Paris, to Pasteur's treatment, and of this number there was one who died of rabies, a boy of thirteen, who was bitten June 18, 1886, and was inoculated twelve times from the 25th to the 30th of June. On the 3d of July he returned home, but a month later (August 4th), he died of hydrophobia in the hospital at Dordecht. Of the eleven who were bitten and not inoculated all survived, and not one has, as yet, developed symptoms of rabies. These results are wholly unfavorable to the Pasteur method, since the only death by rabies which has been recorded in Holland during 1886 belongs to the series of patients treated at the Pasteur Institute in Paris.—*Gazette Hbd. des Sciences Méd. de Bordeaux.*

INJECTIONS OF STERILIZED AIR IN PNEUMOTHORAX.—M. Potain, in a paper read before the French Academy of Medicine on "The Intrapleural Injections of Sterilized Air in Treating the Pleural Effusions Following Pneumothorax," concludes: 1. That it is possible to evacuate completely these pleural effusions by introducing sterilized air. 2. That the air, divested of all germs by infiltration through a wadding of some sort, is deprived of all harmful properties and causes no change in the pleural fluids. 3. That this practice overcomes the grave dangers resulting from the presence of a large quantity of liquid in the pleural cavity or the rapid evacuation of this effusion. 4. That it permits us to avoid the inconvenience of repeated punctures and gives the lungs a chance for slow but steady distention. 5. That it seems, finally, by leaving the diseased lungs for a long time in repose, to favor their healing and the cure of tuberculous lesions.

ELECTROLYSIS OF STRICTURE.—Dr. Plym. S. Hayes, of Chicago, in speaking of electrolysis in the Medical Standard for January, says:—

"Some fifteen or sixteen years ago I prepared an urethral electrode, and managed the current of the galvanic battery while the sound was guided by another physician through an urethral stricture. As far as I am able to determine, this was the first time the operation was done in Chi-

cago. The ease with which the sound passed through this stricture, which had on previous occasions been dilated with difficulty, was remarked by all who witnessed the operation. Since that time I have repeatedly performed this operation and have met with uniform success in overcoming the obstruction. Within the past two years the reasonable explanation of the mechanism of this operation has suggested itself to my mind, and the more I have thought upon the subject the more convinced have I become that I have found the correct solution of the problem."

SMALL-POX.—The following has been issued by the Michigan State Board of Health:—

Small-pox tends to reappear after somewhat regular intervals of time; thus the maximum deaths from small-pox in Michigan have been reported in 1872, 1877, and 1882. A wave of small-pox might have been expected in 1887; inasmuch as it did not occur, there is probably a large number of people in Michigan now susceptible to this loathsome disease, and the wave may not be much longer deferred. During the past year the disease has occurred in an unusual number of places throughout this country, but, through the efforts of health authorities, the disease has not spread much in the various localities nor caused a very great mortality. But it is well known that it is very much easier to suppress small-pox in summer than in winter, and the number of infected places in this country, and in foreign countries from which immigrants and travelers come, should, under the circumstances, be taken as a warning which should lead to unusual efforts to prevent this disease.

The preventive measures are vaccination and revaccination.

AN ARMY MEDICAL BOARD.—The Board will be in session in New York City, N. Y., from May 1 to 31, 1889, for the examination of candidates for appointment in the Medical Corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application for the necessary invitation to the Secretary of War before April 1, 1889, stating the place of birth, place and State of permanent residence, and inclosing certificates based on personal knowledge from at least two persons of repute as to American citizenship, character, and moral habits. Testimonials as to professional standing from professors of the medical college from which the applicant graduated, and of service in hospital from the authorities thereof, are also desirable. The candidate must be between twenty-one and twenty-eight years of age and a graduate from a regular medical college, evidence of which (his diploma) must be submitted to the Board. Further information regarding the examinations and their nature may be obtained by addressing Jno. Moore, Surgeon-General, U. S. Army, Washington, D. C.

CLIMATIC INFLUENCE ON THE MORALS.—Modern French scientists are nothing if not methodical, and have repeatedly called attention to the curious regularity in the geographical distribution of certain vices and virtues: Intemperance, for instance, north of the forty-eighth parallel; sexual aberration, south of the forty-fifth; financial extravagance, in large seaport towns; thrift, in pastoral highland regions. It is, indeed, a remarkable circumstance that in the home of the best wine-grapes, in Greece and Southern Spain, drunkenness is far less prevalent than in Scotland or in Russian Poland, where Bacchus can tempt his votaries only with nauseous vodka. The idea that a low temperature begets an instinctive craving for alcoholic tonics seems disproved by the teetotalism of the Patagonian savages, who horsewhip every Spanish stimulant monger without benefit of clergy. The Lesghian mountaineers, too, observe the interdict of the Koran in the icy summit regions of the Caucasus; but there is no doubt that the bracing influence of a cold climate affords a certain degree of immunity from the debilitating effect of the alcohol vice, and that a Scandinavian peasant can for years survive the effects of a daily dose of alcohol that would kill an Egyptian fellah in a single month. But it is equally certain that the temperance of Southland nations is considerably facilitated by the abundance of non-alcoholic pastimes. The Spaniards have their fandangos and bull-fights, the Greeks their border raids, cocking-mains, and horse-races, while the Scotchman, after six days of hard work, is confronted with the choice between the delirium of an alcoholic fever and the appalling tedium of Sabbatarian asceticism, and naturally chooses the less dismal alternative.

The question, though, remains if religious gloom itself is not an outcome of climatic influences. Cardinal de Retz, indeed, held that orthodox loyalty is a flower that cannot flourish north of the Alps; but it is more than probable that the survival of that plant has been greatly assisted by the conniving *bonhomie* of South European ecclesiastics, who, centuries ago, began to appreciate the wisdom of extending the practice of renunciation to the claim of consistency.—DR. FELIX L. OSWALD, *in Popular Science Monthly.*

THE NEW BUILDING FOR THE MEDICO-CHIRURGICAL AND PHILADELPHIA DENTAL COLLEGES.—This new college building is located on Cherry Street, between Seventeenth and Eighteenth Streets, and is a substantial structure of fifty feet front by one hundred and fifty feet in depth, with a varying elevation of from fifty to seventy-five feet.

The building is of brick, with iron cornice with but slight attempt at architectural adornment, indicating that solidity and utility held prominent place in the intent of the design, while the varied needs of the extended educational work for which it has been constructed were ever foremost in the minds of its projectors.

In its rear it joins with the buildings occupied by the Medico-Chirurgical and Oral Hospitals, thus affording that complete opportunity for practical instruction in medical, surgical, and dental diseases which can alone be gained by actual contact.

Upon entering through the high, arched doorway the impression given by the hall is very pleasing; the design is decidedly unique, and is a happy combination of richness with simplicity. It is effective, and yet so in harmony with ideal educational surroundings as to be eminently satisfactory.

The walnut newels, balusters, and handrails

contrast agreeably with the yellow pine finish of the stairs and paneled wainscoting of the vestibule, halls, and stairways, and a result has been obtained upon which the designer and superintendent of construction, Prof. J. Foster Flagg, D.D.S., may well be complimented.

The building contains three large lecture-rooms, capable of accommodating graded classes of over seven hundred students.

These rooms are well lighted and ventilated, and are furnished with folding opera-chairs of novel pattern, with the view of insuring more than ordinarily satisfactory sittings.

A fine, elegantly lighted and ventilated dissecting-room is so arranged as to afford every facility for work in its direction. Its roof is fairly glazed with skylights, and it is floored with Neufchatel asphaltum cement.

The museum is a gem in its way. The beautiful cases are well worthy of the extensive and complete combined collections of the two colleges, which, enriched by the rare and valuable anatomical and surgical contributions of the distinguished Professors Joseph and William H. Pancoast, form an inexhaustible resource from which to draw illustrative material for anatomical, physiological, histological, pathological, surgical, medical, dental, chemical, and philosophical demonstrations.

The chemical laboratory is large, well-furnished and abundantly supplied with all modern appliances for instruction in this most useful, and, indeed, fundamental department of scientific education.

The operative and mechanical clinic rooms of the Philadelphia Dental College, which have been largely increased in size and completeness by the additions afforded in the new building, are now by far the finest in the world.

The mechanical laboratory is furnished with benches for more than three hundred students, and with all the necessary adjuncts for practical work in response to progressive demands.

The operative clinic-room is one hundred and sixty feet in length, is lighted by forty windows, and is capable of accommodating sixty operating chairs.

It is simply grand, and can only be appreciated by being seen. The culminating feature of this new building is the clinical amphitheatre. It is a beautiful audience-room, capable of seating over five hundred persons, and is believed to be the best-lighted amphitheatre of its kind ever built. In this will be given the medical, surgical, and oral clinics of the two colleges.

In the direction of the solving of the heating problem special notice is due. "Cold-moistened hot air" has been so directed and radiated through the building that it is thoroughly warmed with a consumption of but two tons of coal per week for the coldest weather.

Besides the rooms mentioned, there are twenty-seven others in the building, which afford ample space for business offices, professors' private

rooms, bandaging, preparatory, dissecting, material, furnace, and janitor's and toilet rooms. There is also a large class-room for mental and physical gymnastics.

The officers of the institution are Profs. James E. Garretson, A.M., M.D., William H. Pancoast, A.M., M.D., George E. Stubbs, A.M., M.D., William F. Waugh, A.M., M.D., Abraham S. Gerhard, A.M., M.D., William S. Stewart, A.M., M.D., H. Earnest Goodman, M.D., Peter D. Keyser, A.M., M.D., Thomas C. Stellwagen, M.A., M.D., Frank Woodbury, M.D., Samuel B. Howell, A.M., M.D., John V. Shoemaker, A.M., M D., Edward E. Montgomery, B.S., M.D., William B. Atkinson, M.A., M.D., Henry Morton, A.M., Ph.D., C. A. Kingsbury, M.D., D.D.S., S. H. Guilford, D.D.S., Ph.D., J. Foster Flagg, D.D.S., Henry I. Dorr, M.D., D.D.S.

A Short Cord Complicating Labor.—"At 2 A.M., on the 28th of November, I was called to see Mrs. B., aged 22. She had been in labor since 2 P.M. on the previous Saturday (thirty-six hours) and was in very great pain. I found the patient in bed, crying out lustily, restless, throwing her arms about, and complaining of great pain in the lower part of her abdomen. She was a small, neatly built woman, highly nervous. This was her first pregnancy. Her skin was hot and dry, and she also complained of great thirst. Her mother told me that the waters had come away at about 5 P.M. on Saturday—some nine hours before my arrival. I found the fœtal head lying on the perineum. The parts were hot and dry, and the perineum was stretched, thin, and very rigid. The pains, which I was told had been very regular, were not strong. I then proceeded to palpate the abdomen, the patient locating the pain, which she said was of a sharp, cutting, or biting character, in the right iliac region. I had hardly placed my hands upon the abdominal wall when the patient gave a shriek, and I felt the uterus contract violently; a feeling of a tearing character was communicated to my right hand, the child was shot out into the bed, the uterus relaxed, and I felt as if a tap of water had been turned on inside. Of course, I grasped the uterus firmly, and in a short time it contracted well. In the meantime, the women who were present had seen to the child, who had been born with the placenta, its birth being accompanied by considerable loss of blood. The hemorrhage was short in duration, but severe while it lasted. A good deal of blood made its way to the floor, but nearly two chamber utensils full of clots were collected. I gave the patient a hypodermic injection of ergotine with one hand, still controlling the uterus with the other for about twenty minutes, when, seeing that there was no recurrence of hemorrhage and that the uterus remained well contracted, I applied a binder. The patient was very pale, but complained of no pain. She felt faint, and asked for water. The pulse was thready, and she was covered with cold sweat, so I gave her a small dose of whisky, the only available stimulant, and was then able to turn my attention to the child, which had by this time been washed, the cord having been tied and severed by the friends. It was a healthy looking but rather small female child, and somewhat feeble. It whined rather than cried. The cord was thick and very short; the two parts, measured by a piece of cotton, were five and three-quarter inches long. It was not inserted into the centre of the placenta, but at the edge. The patient's perineum was torn almost completely up to the anus. I put in sutures. The patient rallied, and I was able soon to leave her. She made a good recovery.—*Archives of Gynecology.*

Physic in the Seventeenth Century.—In 1668 William Ramesay, a doctor of physic and physician in ordinary to his Majesty, Charles II., published a work entitled "Helminthologia." In the introduction he says: "Worms the Subject, and worms the Readers, and a worm the Author of this Book; which must all ere long be swallowed up of Eternity and be worm-eaten; the Author himself and the proudest Reader as soon as the Book, we are inclosed but in mud walls and paper walls are as durable. Most people (if not all) of both Sexes, of all ages of man from the Womb to the Tomb, are incident to, and may be molested, and direfully tormented and cruciated, with several horrid and intollerable pains and most maladies, nay and even death itself from worms."

The author declares in the title-page that this affection "doth probably appear to be an Epidemical Disease, Killing more than either the Sword or Plague." He professes to treat of the "Various Causes, Signs, Diagnostics, Prognostics, the horrid Symptomes by them introduced; as also the Indications and Method of Cure. All which is Medicinally, Philosophically, Astrologically and Historically handled." The writer says that although "I take the liberty, now and then, for my own pleasure, a little to expatiate, and digress; yet all along, have more respected Matter than Words . . . I considered *Quid scribere, quam quo modo.* So many Books have such large Bodies; but when we look narrowly into them, we find them without Souls."

The book is full of strange anecdotes. A story is told of "a Wench who was as if she had been possessed of a Devil and at sometimes could not be held by three men (such were her strong convulsive passions) who evacuated by vomit twenty-four pounds of stuff of all colors, twice a day, for fourteen days together, and afterward great

Balls of Hair, pieces of Wood, Pigeons-dung, Parchments, Coals, &c., and after all this two pounds of pure Blood and then again, Coals and Stones some of them bigger than a wall-nut; besides she had strange fits of laughing, weeping and ectasies and at length voyded a live worm by Stool, like unto an Eele of a foot and a half long."

Garlic, onions, and leeks are charged with "breeding many gross, crude and indigested humours and fuliginous fumes, offending the brain and causing worms. Cucumbers are much more an unwholesome food, hard of digestion, yielding but a gross, scorbutick melancholy juice, also sometimes, a crude and phlegmatic matter." He states that the blood is made of the chyle, "amalgamated with a Serum from the Lymphatics, passes through the subclavals, whence mingled with the Blood, it rushes into the vena cava and so goes into the left Ventricle of the heart, and by its motion is cast into the Lungs through the pulmonary arteries, to be there as well defæcated of some Emplastic Immundities and excrementitious Crudities."

Leaving the worms for a time, Dr. Ramesay discusses marriage, and says: "We are in this most weighty matter too remiss, marrying any deformed piece of mortality for a little money, when we are curious of the strain of our Horses, Doggs, Pigeons, Game-Cocks; and so frequently, we leave a Crook-Back'd, Flat-nos'd, Bow-Leg'd, Squint-Ey'd, Left Hånded, ugly, infirm, Weesle Fac'd, Diseased, Half witted, Hair brain'd, Nonsensical, Gooscappical and Coxcombical, Wormeaten Ideot, not only to possess our Estates, but our Names and to build up our Families."

In conclusion, the erudite physician delivers himself of the following sentiments: "That my reader may be encincted with Reason able to Renix the Hallucinations of that Pangenerical evil of evy and Ignorance which is a cacoethick malady; But especially that he may enjoy an orthostadian Judgment and not to be Depasct with that Truculent credulity which proves Sontick to most men, and an assured prodromos of Ruine; I thought it not amiss to aedipize some things and indigitate thee, wherefore others in this book are handled in that manner they are: Whereby I doubt not, but that the Judicious will suffragate for me and Parastate for my Integrity and candour in it."—*The Hospital Gazette.*

An English Health Resort.—The following description of an English health resort is from the advance sheets of the fourth edition of "Massage as a Mode of Treatment," by Dr. William Murrell, of London:—

"It is a curious fact, but in this country we seem quite incapable of running a health resort with anything like success. Perhaps we are too respectable, or perhaps we have not the business capacity. I remember last year my attention was attracted by various advertisements and editorial announcements of a new resort for invalids, the exact locality of which need not be indicated, and one Saturday afternoon I thought I would run down and have a look at it. The first part of the journey on the Great Central was jolly enough, but after that we were shunted about and kept fooling round at various wayside stations in a manner which was tantalizing to a healthy person and would certainly have proved prejudicial to an invalid. On arriving at my destination, I found there was not a conveyance of any kind to be had, and it was only by dint of bribery and corruption that I finally induced a man to carry my bag and show me the way to the establishment or hotel or whatever it is called. I was graciously received by a lady who apparently combined the offices of manageress, lady-superintendent, and matron. She seemed astonished at the advent of a casual visitor, but courteously gave me the choice of fourteen bedrooms, from which I concluded that it was not the 'season.' They were all equally dismal, close, cold, and uncomfortable, so that there was not much difficulty in making a choice. I ordered a fire and was given a code of rules and regulations with which I found I was expected to conform during my stay in that hospitable place of entertainment. They were voluminous and embraced so many different subjects that I determined to study them attentively. I felt uneasy that I had forgotten to bring a certificate of moral character signed by a clergyman, but, fortunately, they did not ask for it. I went down to dinner, and it was certainly a very solemn function. There were not many people there—not more than six, I think—but they spoke in whispers and I felt that I did not desire more company. They were respectable, undoubtedly, and looked like undertakers. I ventured to remark to one of them that it had been a fine day, but he gave me such a stony stare that I saw that I had gone too far and must be more circumspect in future. After dinner I thought I would like to go into the billiard-room, but I was informed that the waiter was having a hundred-up with the groom and that it was not available. I wanted to smoke, but the risk of violating one of the by-laws was too great, and I felt that it should not be incurred without a legal opinion. There was nothing more to do, so I retired to my solitary chamber to study the rules and regulations. The next morning I awoke refreshed from my labors and after breakfast interviewed the manager and told him I wanted to see the spring and the baths. He was evidently taken by surprise and was for a time speechless, but by the judicious application of brandy and water internally, he recovered sufficiently to say how deeply I had wounded his feelings and to remind me that it was the Sab-

bath. I was informed that no one was ever allowed to take a bath on Sundays, and that the springs usually dried up on Saints' days and holidays. Under the exceptional circumstances I determined to go to the church, but my good intentions were nipped in the bud, for I learnt, much to my regret, that only that very morning the clergyman had been inhibited by his bishop, presumably for attempting to take a bath. There was evidently nothing more to be done, so I went to my room and had another dose of the rules and regulations, which lasted till dinner. This was a solemn mid-day meal, but it possessd elements of excitement, for, under the influence of a couple of glasses of good, old, fruity port, the wife of one of the undertakers thawed slightly and condescended to ask me what I thought of the collect for the day. Not having read it, I had to do the best I could with somewhat unpromising material. I fear I failed to answer her expectations, for she sighed deeply and ceased to address her remarks to me. The rest of the day was passed peacefully, as it had begun, in the study of the rules and regulations. There were no Sunday trains, and even the most lavish promises failed to procure a conveyance of any kind, or possibly I might have been tempted to move my location. That night I interviewed the manager and told him quietly but firmly that I would depart by the 6.15 A.M. train. He was surprised and said he expected I would want to stay six weeks at the least. I explained that the place had made such an impression on my mind that it was not necessary. He said he was sorry, but I could not go by the 6.15, as it was against the regulations for the guests to rise or for the front door to be opened till eight o'clock. I told him I was certainly going, but did not wish to put him to any inconvenience, and offered to take the hotel with me. He was not satisfied, so I gave him, in a small compass, my opinion respecting the rules and regulations, and after that he was no longer anxious to keep me. By means of a second edition of the bribery and corruption I was conveyed to the station in the morning, and after fruitless endeavors to awaken the booking clerk, I succeeded in stopping the train by a simple expedient of standing between the rails and refusing to stir. I got back to town that afternoon, feeling that I had had as good as six weeks in the country. I shall never go there again, but I still have the rules and regulations, and take them from time to time in small doses medicinally."

RESECTION OF THE PYLORUS IN CANCER.—A mortality of 70 per cent. of cases in which pylorectomy has been performed—to say nothing of the number of cases of cancer of the pylorus in which surgeons have commenced to operate with a view of resecting the pylorus, but have had to abandon the operation for some more expeditious method of relieving symptoms (such as duodenostomy or jejunostomy) from which the patients suffer—is more than sufficient reason for classing this procedure among the most severe and fatal operations in surgery. The reasons for this high rate of mortality are not far to seek. First, patients are rarely seen until the disease has existed so long that they are reduced to a state of approaching inanition from starvation, and the neighboring mesenteric glands are more or less affected; and, secondly, the length of time occupied in performing the operation is such that the patients, who are invariably in a condition not well adapted for prolonged operations, run the great risks of immediate death due to shock, the result of the operation, or more remote death from exposure to infection. These dangers may be diminished in proportion to the shortening of the time consumed in the operation and by inducing patients to submit to operation at as early a stage of the disease as possible.

Dr. Senn, of Milwaukee, in his admirable address entitled "An Experimental Contribution to Intestinal Surgery, with Special Reference to the Treatment of Intestinal Obstruction," read in the Surgical Section of the Ninth International Medical Congress, at Washington last year, has given us the results of numerous experiments made by him on dogs and cats; and although, so far as I know, he has not published any experiments of resection of the pylorus on these animals, yet, from his description of operations, such as gastro-enterostomy and resections of portions of the intestines, I think a great deal can be learnt which may enable us to reduce the time occupied in the performance of pylorectomy very considerably.

In reading Dr. Senn's very able paper, I was at once struck by the simplicity of the operations he suggested, and I can see no reason why, with some slight modifications, the same methods should not be adopted for uniting the duodenum and stomach after excision of the pylorus.

I would suggest, then, supposing the preliminary steps of the operation to have been performed, and the cancerous pylorus with a portion of the stomach and duodenum to be brought out of the abdomen in the usual way, that the incision for the removal of the cancerous mass from the stomach should be somewhat of this shape, ∽, so as to allow the end being fashioned to fit into the duodenum. Two plates of decalcified bone, of the same shape and about a quarter of an inch in width, should be prepared, as recommended by Dr. Senn, with double holes in three or four places, about an inch apart, through which loops of aseptic silk should be passed and tied so as to form loops on the back; then long threads of silk or carbolized catgut, with needles corresponding in number to the loops, should be tied together and fastened securely

to the loops on the bone. Each plate of bone being accurately adapted to the mucous lining of the stomach along the cut edges, the needles are passed through the entire thickness of the stomach walls, and the edges inverted so as to bring the two plates covered with the stomach walls accurately together. The corresponding sutures on the two plates are then to be tied. In tying the sutures, the centre one should be tied first, then the end ones, and finally the intervening threads.

The end of the stomach which is to become the intussusception is to be lined with a soft, pliable rubber ring, made of a rubber band transformed into a ring by fastening the ends together with catgut sutures. This ring must be the length of the circumference of the end of the stomach and about half an inch wide; the lower margin is stitched by a continuous catgut suture to the lower end of the stomach, which effectually prevents the bulging of the mucous membrane. Then a few carbolized catgut sutures are threaded, each with two needles. The needles are passed from within outward, transfixing the upper portion of the rubber ring and the entire thickness of the wall of the stomach, and equidistant from one another. The cancerous pylorus should now be removed with scissors from the duodenum, all bleeding points being caught up and ligatured with fine catgut. The needles, which are attached to the threads passing through the rubber ring and wall of the stomach, are now passed through the peritoneal, muscular, and connective-tissue coats of the duodenum at corresponding points, about one-third of an inch from the margin, and when all the needles have been passed an assistant makes equal traction on the threads, and the operator assists invagination by turning in the margins of the end of the duodenum evenly with a director, and by gently pushing the end of the stomach completely into the duodenum. The invagination accurately made, the catgut sutures are tied only with sufficient firmness to prevent disinvagination should vomiting occur.

The invagination effects accurate, almost hermetical, sealing of the visceral wound. After a few days the rubber ring becomes detached and passes by the bowel, and the decalcified bone becomes absorbed.

The importance of this subject must be my excuse for the length of this communication, but it will be evident, if the above method of performing the operation can be carried out with equal safety and efficiency as by the adoption of the Czerny-Lembert suture, there must be a material saving of time, with a proportionate less risk to the patient.—FRED. B. JESSETT, F.R.C.S., Surgeon to the Cancer Hospital, London, *in British Medical Journal*, May 5, 1888.

BOOK REVIEWS.

Second Annual Report of the State Board of Health, and Vital Statistics of the Commonwealth of Pennsylvania. Transmitted to the Governor, Dec. 1, 1886. Harrisburg: Edwin K. Meyers, State Printer, 1887. Cloth, 8vo, pp. 1056.

Under the able management of Dr. Lee, the efficient Secretary, this massive volume has finally reached the light of day, and although much of the interest which ordinarily would have attached to the appearance of such a comprehensive summary is now lost by reason of the lateness of its appearance, there is much in it which will be of vast interest to those who may wish to refer to its pages, and the Board are to be congratulated on the completion of the work. We have no criticism to make upon the character of the work done by this honorable body, but much to commend, and it is well known that since the material was put in the hands of the printer, the officers have been actively engaged in the work of educating the public.

A Treatise on Headache and Neuralgia, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. LEONARD CORNING, M.A., M.D., Fellow of the New York Academy of Medicine, etc. Cloth, 8vo, pp. 231. Illustrated. New York: E. B. Treat, 1888. Price, $2.75.

But few practitioners are to be found who are not interested in the subjects treated in this volume, and coming from the pen of an accomplished scholar and careful observer, its value cannot be overestimated. It will occupy a warm place in the affections of the country physicians, who often need just such readable and practical instruction as is found herein.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. By B. W. PALMER, A.M., M.D. Cloth, 8vo, pp. 256. New York: E. B. Treat, 1888. Price, $2.75.

The plan of the present work is much the same as that of "Naphey's Therapeutics," noticed in the November issue of this journal, page 372, although it is a much smaller book and has a greater proportion of formulæ. These formulæ have been compiled from the published writings or the unpublished records of many well-known physicians in this country and abroad. In addition to the formulæ noted, we have spaces for addenda at the close of the different sections of the book. The separate sections may be indicated as follows: Diseases of the nose, throat, mouth, and chest; diseases of the abdominal viscera; diseases of the nervous system; diseases of women; diseases of children, etc. In general, the selections may be said to be of the most practical character, although some of them are rather antiquated.

The Bible and Land. By Rev. JAMES B. CONVERSE. Cloth, 12mo, pp. 251. Morristown, Tenn.: Rev. James B. Converse, publisher, 1889. Price, $1.

Those of our readers who are not satisfied with the George theory of the rights in land should read this able exposition by Dr. Converse. We have not the space to take up the various theories which have been advanced, nor is a medical journal a proper place for such discussion, but it is not too much to say that the work before us is one which has been prepared with the greatest care, and, what is more, the arguments advanced have already received the sanction of some of the ablest men of our country.

A Treatise on Hysteria and Epilepsy, with some concluding observations on Epileptic Insomnia. By J. LEONARD CORNING, M.A., M.D., Fellow of the New York Academy of Medicine, etc. Paper, 12 mo, pp. 176. Detroit, Mich.: George S. Davis, 1888. Price, 25 cents.

The present publication is but an amplification of a series of articles which have appeared from time to time in different medical journals, and now that they have been offered in the present shape, it will be a pleasure to study them. It is not necessary to say anything in the way of preparing the reader for the reception of the work, as all who are acquainted with Dr. Corning's writings will accord him a high position. The elegant page presented by this little brochure is sufficient to attract the attention of the doctor who is interested in accumulating a choice selection of books for his library, and the low price at which it is offered will insure for it a large sale.

Case of Emperor Frederick III. Full official reports by the German physicians, and by Sir Morell Mackenzie. The reports of the German physicians, translated by HENRY SCHWEIG, M.D. Paper, 8vo, pp. 276. New York: E. S. Verner, 1888. Price, 75 cents.

So much has already appeared concerning this controversy pro and con, that few are willing to decide upon the dictum of others, and we shall, therefore, not undertake to discuss the bearings of the case. Let each individual do that as best suits his fancy after having examined the testimony. It is to be added that the pamphlet issued by Mr. Werner is well gotten up, with a good, clear page and large type, and it will be a pleasure to sit down and read the whole of the controversy from beginning to end. Many unkind things have already been said on both sides, and it appears a wise plan to follow the old maxim, "the least said the soonest mended."

The Modern Treatment of Diseases of the Kidney. By Professor DUJARDIN-BEAUMETZ. Translated from the fifth French edition, by E. P. HURD, M.D., Newburyport, Mass. Paper, 12mo, pp. 169. Detroit, Mich.: George S. Davis, 1888. Price, 25 cents.

Our readers are all so familiar with the writings of Dujardin-Beaumetz that it would be an insult to their intelligence to attempt an elaborate opinion of this work. The simple fact that it has already passed through five successive editions in the original language, before being translated, is sufficient to create a demand for it on this side of the water, and we bespeak for him on this particular branch a careful hearing.

Thomas Jefferson and the University of Virginia. By HERBERT B. ADAMS, Ph.D., Associate Professor of History in the Johns Hopkins University. Paper, 8vo, pp. 308. Washington: Government Printing Office, 1888.

The foregoing work is handsomely printed, well written, and beautifully illustrated by engravings of the Jefferson home. Besides the Jeffersoniana there are authorized sketches of Hampden-Sydney, Randolph-Macon, Emory-Henry, Roanoke and Richmond Colleges, Washington and Lee University, and Virginia Military Institute, and for the most part all of these institutions are illustrated. William P. Trent contributes an interesting paper upon the influence of the University of Virginia upon Southern life and thought, and the study of Thomas Jefferson is especially commendable.

Industrial Education in the South. By Rev. A. D. MAYO. Paper, 8vo. Washington: Government Printing Office, 1888.

The above pamphlet is issued from the Bureau of Education, and is classed as Circular No. 5. It is intended to give in a form of summary the means which have been adopted for the purpose of advancing technical instruction in the great South, and includes some very practical suggestions as to the needs of that section.

Cyclopædia of the Diseases of Children, Medical and Surgical. By American, British, and Canadian authors. Edited by JOHN M. KEATING, M.D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals. Philadelphia: J. B. Lippincott Co.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the the busy practitioner.

COMMERCIAL NEWS.

Miss Lois M. Royce, one of the sufferers by last winter's blizzards in Nebraska, says in a letter to a friend in Bethel, Me., that she has received a pair of artificial limbs with rubber feet of the Marks' patent, to provide for which teachers and others in Boston contributed the means, and that they have already proved wonderfully efficient. She writes: "They fit so far admirably, and I walk very well with them. I walked to the carriage this afternoon just by taking hold of my father's arm." This is but one of nearly a dozen last winter's bliz zard sufferers whom the firm of A. A. Marks, of New York city, has supplied with pairs of rubber feet during the past few months.—*The National Tribune*, Washington, D. C., November 29, 1888.

Physician Wanted

to take charge of a large Sanitarium, and one who can invest five to ten thousand dollars in order to be properly identified with the interests of the institution. Investment guaranteed to earn 10 per cent. Liberal salary paid, unexceptionable references required, and the closest investigation solicited. A personal interview can be arranged for, or further particulars secured, by addressing L. H.,
care Lord & Thomas, Chicago, Ill.

Any one desiring to improve their memory should read the advertisement of Professor Loisette, which appears in another column, and send for a prospectus containing the testimonials and opinions of prominent people everywhere who have studied it and know of its great value.

Wanted.

Competent persons to solicit subscriptions for the "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M.D. Complete in four imperial octavo volumes. Liberal terms and exclusive territory to salesmen of ability and experience. Apply in person or by letter to J. B. Lippincott Company, 715 and 717 Market Street, Philadelphia.

Insomnia.

Dr. Esguive, Colonization Physician to the Paris-Lyons-Mediterranean Railway, Bon-Medja, France, March 28, 1887, says:

"I tried BROMIDIA (Battle) on two cases of insomnia, which I had already treated for some time with a mixture of equal parts of bromide of potassium and chloral. I noticed that hypnotic results were produced with much smaller doses of BROMIDIA than of the mixture of bromide and chloral. In a large number of cases it is important not to push too far the quantity of bromide of potassium. On this account I believe BROMIDIA is destined to be of real value, particularly in insomnia of cardiac origin, and I deem it vastly superior to the simple mixture of bromide of potassium and chloral."

Obstinate Constipation.

E. A. Scott, M.D., Columbus, Kan., says: "I have a patient, a man, who has been constipated four years; has called upon all the physicians in the place; none had benefited him, never having an action upon the bowels oftener than six to eight days. He is now taking the Acid Mannate, small doses daily, keeping his bowels free. I have a lady patient who is suffering with a uterine trouble and has periodical nervous sick headache (I think solely dependent upon the uterine troubles); she is also constipated. I have her upon the Acid Mannate. She, as well as myself, is pleased with its effect. Her headaches are not so frequent or severe."

Mellin's Food is a soluble preparation, containing proper proportions of those nitrogenous and phosphatic matters which are essential for the healthy growth of a child, but are not easily obtained in prepared foods as usually sold. It is not only readily digestible itself, but it actually assists to digest milk or other foods with which it is mixed. I have made a careful experiment on its actual feeding qualities, and am thoroughly satisfied with the results. G. W. Wigner, F.I.C., F.C.S.,
President of the Society of Public Analysts,
London, Eng.